DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 43660

Registration District No. 2048

Primary Registration District No. 4449

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Reynolds

(b) City or town Ellington, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community Life (Specify whether years, months or days) 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Reynolds

(c) City or town Ellington
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ....years.

8. (a) PRINT FULL NAME Catherine Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife /

6. (c) Age of husband or wife if alive ....years

7. Birth date of deceased April 8 (Month) 1853 (Day) (Year)

8. AGE: 87 Years | Months 7 | Days 3 | If less than one day ....hr. ....min.

9. Birthplace Ellington (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name William Copeland
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name S. Ellington
15. Birthplace Ellington (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Copeland

(b) Address Ellington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Ellington

18. (a) Signature of funeral director Ray Leuchel

(b) Address Van Buren

19. (a) Dec 18 (Date received local registrar) (b) Essie Evans (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Month Nov day 11
year 1940 hour 5am minute ....M.

21. I hereby certify that I attended the deceased from Oct 14, 1939 to Nov 11 19 40

that I last saw her alive on Nov 11 19 40

and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Mitral insufficiency | 1 yr. |
| Due to Advancing age | |
| Due to .... | |
| Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death) | 3 days |

Major findings: Of operations 0 Of autopsy 0

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ....

(b) Date of occurrence ....

(c) Where did injury occur? .... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? .... (e) Means of injury ....

23. Signature A. F. Bugg Jr. (M. D. or other)

Address Ellington Mo Date signed 11-21-40

(Licensed Embalmer's Statement on Reverse Side)

A. F. BUGG

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-1-39 1 x 10311

RECEIVED
District Health Officer Nov 6
District File Number 1240120

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address Van Buren

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**