

FILED JAN 15 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 340

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

1. PLACE OF DEATH:

(a) County Lackawanna

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

(c) Name of hospital or institution Indy Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 2 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laffayette

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

(d) Street No. 5 mi. to Lexington Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Maurine Barbra Kopman

(b) If veteran, name war none

(c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1943 hour 3 minute 08 P.M.

21. I hereby certify that I attended the deceased from Dec 8, 1943 to Dec 18, 1943 and that death occurred on the date and hour stated above.

4. Sex Female race White

5. Color or race White

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

6. (b) Name of husband or wife Joe Kopman

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

7. Birth date of deceased Dec 9 - 1921
(Month) (Day) (Year)

Immediate cause of death Generalized peritonitis of
puerperal sepsis due to
Retained placenta in Rt side
of a uterus didelphys -

Other conditions 147 f
(Include pregnancy within 3 months of death)

8. AGE: Years 22 Months - Days 10
If less than one day hr. min.

9. Birthplace Dover Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Frank Phillipps

13. Birthplace Dover Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Withers

15. Birthplace Higginsville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Kopman

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) Date thereof 12-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Winkler Mrs

(b) Address Lexington Mo

19. (a) 12-19-1943 (Date received local registrar) Jabrowski (Registrar's signature)

Major findings of operations autopsy
Generalized peritonitis -
Retained placental tissue.

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? _____

While at work _____
(Specify type of place)

Means of injury _____

23. Signature Jabrowski (M. D. or other) M.D.

Date signed 12/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged

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

George Garrison

Licensed Embalmer No.

2249

P. O. Address

Independence

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, fact should be so stated above.