

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 11-12-44
(Specify whether years, months or days) as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
(c) City or town Drexel,
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country 1

3. (a) MRS. FULL NAME DORA KOOPMAN

MEDICAL CERTIFICATION

3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.

20. DATE OF DEATH: Month 1 day 11
year 45 hour 1:35 minute 35 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased March 26 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12 to 1-11
that I last saw her alive on 1-10
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>9</u>	<u>15</u>	<u>hr. min.</u>

Immediate cause of death Cancer of colon
Due to _____
Due to 462

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

Other conditions (Include pregnancy within 3 months of death)
Due to _____
Due to _____

10. Usual occupation Housewife

Major findings: Growth of colon neoplastic tissue

11. Industry or business X

Of operations _____
Of autopsy NO
Underline the cause to which death should be charged statistically.

12. Name C. H. Prothe
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Anna Strother
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Koopman,
(b) Address Drexel, Missouri

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

17. (a) removal (b) Date thereof 1-11-45
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation Block, Kansas.

(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? _____

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

While at work? _____ (Specify type of place)
(e) Means of injury? _____

19. (a) 1-12-45 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature H. H. H. H. (M. D. or other) _____
Address 1025 South Bldg Date signed 1-11-45

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

3
8

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.....

Licensed Embalmer No. 1416

P. O. Address.....

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.