

FILED OCT 22 1947

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **156**

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

1. PLACE OF DEATH:  
 (a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Joseph Hospital. **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maurine Marie Kopine  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 24 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>6</u> hr. <u>35</u> min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eddie J. Kopine  
 13. Birthplace Colorado  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Donahue  
 15. Birthplace Sedalia, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie J. Kopine  
 (b) Address Boonville, Mo.

17. (a) Burial Catholic Cem. Boonville, Mo.  
(Burial, cremation, or removal)  
 (b) Date thereof Sept. 26<sup>th</sup> 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Goodman & Boller  
 (b) Address Boonville, Mo.

19. (a) 9-27-47 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cooper **27**  
 (c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 710 E. Spring St.  
(If rural, give location) **2**  
 (e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26<sup>th</sup>  
 year 1947 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from 7:25 P.M.  
9/24 1947, to 9/26 2:00 a.m. 1947;  
 that I last saw her alive on 9/25/47 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity.  
 Due to Twin pregnancy.

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

Major findings: Of operations 159  
 Of autopsy no  
 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? **0**

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_ **0**

23. Signature Donald H. Morgan (M. D. or other) **M.D.**  
 Address Boonville, Mo. Date signed 9/26/47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-20-47

---

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 \_\_\_\_\_

William W. Wood \_\_\_\_\_, Registered Apprentice No. 480  
working under my personal supervision.

Signed J. A. Goodman \_\_\_\_\_

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

**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.