No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44209

FILED JAN 2 1948

Registration District No. 88

Primary Registration District No. 5325

Registrar's No. 27

28
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town RURAL - CURTOISE
(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 (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MILES E. OF STEELVILLE, MO.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA BELLE COOK
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 WIDOWED
6. (b) Name of husband or wife JAMES
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER (Month) 28 (Day) 1862 (Year)

8. AGE: Years 85 Months 1 Days 2 If less than one day hr. min.

9. Birthplace STEELVILLE, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name WALTER S. HOPKINS
13. Birthplace — KENTUCKY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name AGNES BRICKEY
15. Birthplace STEELVILLE, MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant STELLA KEHNER
(b) Address STEELVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation STEELVILLE
18. (a) Signature of funeral director THOS. S. HALBERT
(b) Address STEELVILLE, MISSOURI.
19. (a) 1-9-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30, year 1947 hour 4:00 minute A.M.
21. I hereby certify that I attended the deceased from 12-1, 1947, to 12-30, 1947; that I last saw her alive on 12-1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 R. L. Vanter (M. D. or other)
Address Steelville Mo Date signed 1-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 14849
Date Filed 1-21-48

FEB 2 - 1948

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 Thomas L. Galbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.