—1/47
5-17-39

National Office of Vital Statistics

FILED MAR 19 1948

Registration District No. 97

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 8235

Registrar's No. 65

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home-518 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community: ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
Street No. 518 Madison St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Helen Rozene Kope
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: Married
6. (b) Name of husband or wife: John M. Kope
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: October (Month) 11 (Day) 1906 (Year)

8. AGE: Years 41 | Months 4 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Jefferson City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Stenographer
11. Industry or business:

MOTHER FATHER
12. Name: Clinton Davis
13. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Hattie H. Reid
15. Birthplace: Carlton (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Hattie H. Davis
(b) Address: 518 Madison Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Pleasant Auxiland, Missouri
18. (a) Signature of funeral director: Lorne J. Bruce
(b) Address: 710 Jefferson City
19. (a) 3-6-48 (Date received local registrar) (b) R. P. Dorris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July, 1947, to March 4, 1948 that I last saw her alive on February 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Epidermoid Carcinoma of Cervix	approx. 18 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: H&A	
Of autopsy: none	

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: Scott P. Sugarbaker (M. D. or other)
Address: Jefferson City, Mo. Date signed: 3/4/48

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 18 1948

MAR 19 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 [signature]

Licensed Embalmer No. 3641

P. O. Address [illegible]

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.