S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4095

State File No. 32297

Registrar's No. 181

1. PLACE OF DEATH:
(a) County: Cass.
(b) City or town: Drexel. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Does not apply. (Specify whether)
In this community: 3 ½ years in Drexel, Mo. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass.
(c) City or town: Drexel. (If outside city or town limits, write "RURAL")
(d) Street No.: No street numbers. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: Does not apply.

3. (a) PRINT FULL NAME: JOHN HENRY KOOPMAN.
3. (b) If veteran, name war: None.
3. (c) Social Security No.: 490-30-4193
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alvina Debrick Koopman.
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: February, 11, 1885. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	0	hr. min.

9. Birthplace: McPherson County, Kansas. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer, Retired.
11. Industry or business: Retired Farmer.
FATHER
12. Name: Henry Koopman,
13. Birthplace: Germany. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katherine Gerkin.
15. Birthplace: Cole Camp, Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant: Clyde Koopman,
(b) Address: Drexel, Missouri.
17. (a) Removal-Burial (Burial, cremation, or removal) (b) Date thereof: 10/13/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Block Kansas Cemetery.
18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Missouri.
19. (a) 10/12/48. (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October, day: 11 year: 1948. hour: 8 minute: 55 A.M.
21. I hereby certify that I attended the deceased from Oct. 8, 1948, to Oct. 11, 1948 that I last saw him alive on Oct 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage,	30 hrs.
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation.
Of autopsy: No autopsy.

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: Burl C. Hartwell (M. D. or other)
Address: Drexel, Missouri. Date signed: 10/12/1948.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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, ~~xx~~ personally

~~[illegible]~~,

working ~~[illegible]~~

Signed [signature]

Licensed Embalmer No. 1950.

P. O. Address Drexel, Missouri.

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.