

No. 2  
-12-45  
-17-39  
I X47070

State File No. ....

FILED MAY 7 1948

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Griffin Smith Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Kirksville 3  
(If outside city or town limits, write "RURAL")

(d) Street No. .... 3  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Janice Kay Cooper

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 20<sup>th</sup>  
year 1948, hour 3 am minute..... M.

21. I hereby certify that I attended the deceased from  
4/20 1948, to 4/20 1948  
that I last saw her alive on 4/20 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced S O

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 20 48  
(Month) (Day) (Year)

Immediate cause of death  
Premature - 6 months gestation  
died 9 lived 30 minutes

Duration

8. AGE: Years Months Days If less than one day  
hr. 30 min.

Due to.....

Due to.....

Other conditions:  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Infant

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Kyle Cooper

13. Birthplace Stahl Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Levan Cooper

15. Birthplace Fairfield Ia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kyle Cooper

(b) Address Highland, Mo

17. (a) Burial (b) Date thereof 4-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Run Cemetery

18. (a) Signature of funeral director Fred R. Erady

(b) Address Brush Run, Mo

19. (a) 4-29-48 (b) Wate Lambert  
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature J. J. [unclear] (M. D. or other)  
Address Kirksville Date signed 4/20/48

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-48-797  
Date Filed MAY - 5 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.....

Body was not Embalmed, Registered Apprentice No.....  
working under my personal supervision.

Signed Foster T. Enley,

Licensed Embalmer No. 1146

P. O. Address Brookline, Mass.

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.