

Registration District No. 457

Primary Registration District No. 4271

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia Mo.
(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 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Concordia mo
(If outside city or town limit write "RURAL")
(d) Street No. Prismark St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME RUDOLPH POTTEBAUM

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Pottebaum 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May - 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 2 hr min.

9. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Unknown

13. Birthplace 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Max Frieda Hartweg

(b) Address Concordia Mo.

17. (a) Burial (b) Date thereof Feb 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev Bethel Church

18. (a) Signature of funeral director N. J. Quensing

(b) Address Concordia Mo.

19. (a) Feb 19 44 (b) Edmund Shynshaw
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1940 hour Unknown minute _____ M.

21. I hereby certify that I attended the deceased from Found dead - coroner's case, 19____

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia right + left lower lobes

Due to _____

Due to _____

Other conditions 106
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Lobar pneumonia right + left lower lobes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? 417

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. M. Mester and Coroner (M. D. or other)

Address Concordia Mo Date signed 4/16/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-41

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

W. P. Linn

Licensed Embalmer No. 3070

P. O. Address *Wilmington, Md.*

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, above space should be left blank.