V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18696

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 183

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Green Ridge, (rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Annie Annetta Poppinga

3. (b) If veteran, name war none

3. (c) Social Security No. 499-14-5363

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ****

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

7. Birth date of deceased October 21, 1912 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
29	6	21	hr. min.

9. Birthplace Green Ridge, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name Henry B. Poppinga
13. Birthplace unknown, Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Neddarman
15. Birthplace Pekin, Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Poppinga (sister)
(b) Address Route 1, Green Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation McGee Chapel

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri

19. (a) 5/14/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from May 10, 1942, to May 12, 1942
that I last saw her alive on May 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhagic Purpura Idiopathic type

Due to

Due to

Other conditions 120
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jordan Hawfield (M. D. or other) MD
Address Sedalia, Mo. Date signed 5-13-42

1622 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-10-43

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 Duane Emmons

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.