DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33937

State File No. 33937

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 265

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 No. Liberty Str. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether) In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Missouri (If outside city or town limits, write "RURAL")
(d) Street No. 422 North Liberty St Indep Mo (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Margaret Poggenpohl
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~~ Widowed
6. (b) Name of husband or wife Joseph Poggenpohl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 28 (Day) 1849 (Year)

8. AGE: Years 93 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation ~~Germany~~ At Home
11. Industry or business House Wife
MOTHER FATHER
12. Name Lappe
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Bracmakamp
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs U. S. Teggarden
(b) Address 422 N. Liberty St Independence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Woodlawn Indep Mo
18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 N. Main St Independence Mo
19. (a) 10-14-1942 (Date received local registrar) (b) J. McCullough (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th 1942 year 1942 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr 25, 1931, to Oct 11, 1942, that I last saw her alive on Oct 11, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral insufficiency Failing Compensation	5 days
Due to: Mitral Valvular heart disease	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fract right hip 19 years ago - moderate	
Major findings of operations: Fract	
Of autopsy no autopsy	

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) 121
(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 C. H. Allen (M. D. or other) M.D.
Address Independence, Mo Date signed Oct 14-42

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33937

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 263

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret Poggenpohl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 28 (Day) 1849 (Year)

8. AGE: Years 93 Months 2 Days 15 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 00 day 22
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency failing compensation	
Due to Mitral valvular heart disease	
Due to	
Other conditions Fract. hip (Include pregnancy within 3 months of death)	5-6-32
Major findings: Of operations 186a	
Of autopsy 18	

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) accident
(b) Date of occurrence 5-6-32
(c) Where did injury occur? Independence (City or town) Jackson (County) MO (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in her room (Specify type of place)
While at work? Not working (c) Means of injury Slipped on floor

23. Signature C. H. Allen (M. D. or other) M.D.
Address Independence MO Date signed 12-7-42

S-33937 1942