

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11665

Registration District No. 146

Primary Registration District No. 3026

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

48
4
4

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: 1223 S. Logan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON

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

(d) Street No. 1223 S. LOGAN
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country FRANCE

3. (a) PRINT FULL NAME WILLIAM POPINEAU

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH-22-1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation COAL MINER

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant FRANK POPINEAU

(b) Address 1223 S. LOGAN ST

17. (a) BURIAL (b) Date thereof MAR-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE HILL CEM. KEK

18. (a) Signature of funeral director _____
(b) Address 216 N. ...

19. (a) 3-2-1943 (Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 24 1943 to Feb 26 1943.
that I last saw him alive on Feb 26/43, and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis Duration 5 days

Due to Coronary Arteriosclerosis

Due to _____

Other conditions 9/1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of 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) _____
(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 P. J. Lewis (M.D. or Physician) AO
Address 202 S. ... Date signed 2/27/43

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 *by me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Latta*
Licensed Embalmer No. *2633*
P. O. Address *Indep. 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.