

FILED APR 20 1944

Primary Registration District No. 3043576.1

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R R # 1  
(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 Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. R R # 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen Peiter Poppe

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 Married

6. (b) Name of husband or wife John Poppe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 15, 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 7 11 hr. \_\_\_\_\_ min.

9. Birthplace West Ely Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER

12. Name Ernest Peiter

13. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Iena Eldkamp

15. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John Peiter

(b) Address West Ely Missouri

17. (a) Burial (b) Date thereof 3/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Ely Cemetery

18. (a) Signature of funeral director: Wm M Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) 3-29-44 (b) R H Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1944 hour about 6: minute 00 A. M.

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

Immediate cause of death Burned in home, and the house was burned to ground. Cause of fire not determined.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 181-115

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 064  
(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 Wm M Smith 3 Coroner  
Address Hannibal Mo Date signed \_\_\_\_\_

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

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

1146

24  
7  
6

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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.....

~~This body was not embalmed.~~  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

*George T. Bond*

Licensed Embalmer No.....

4373

P. O. Address.....

902 Broadway Ave

**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.