S. No. 2
—11-10-39
v. 5-17-39
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20294

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1W

Primary Registration District No. 5429

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Lyon.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pt Imp
(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: 36

(a) State Mo (b) County Franklin

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry A. Poeppelmeier

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

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 Sept. (Month) 10 (Day) 1857 (Year)

8. AGE: Years 87 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

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

MOTHER
14. Maiden name Anna Glitt
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Arthur Poeppelmeier
(b) Address Gerald Mo R#R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Boeuf Creek

18. (a) Signature of funeral director E H Temme
(b) Address Beaufort Mo

19. (a) June 14-1945 (Date received local registrar) (b) Don Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from June 12, 1945 to June 13, 1945
that I last saw him alive on June 13, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	Not known
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	Not known

Major findings:
Of operations No operation
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)
(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 G L Matthews MD (M. D. or other)
Address Beaufort, Mo. Date signed 6-13-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-10-45

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 E H Jenne, Registered Apprentice No....., working under my personal supervision.

Signed E H Jenne

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.