

No. 2
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5-17-39
X32283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10177

State File No.

Registration District No.

Primary Registration District No. 5805

Registrar's No.

1. PLACE OF DEATH:
 (a) County Monroe.
 (b) City or town Florida, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stoutsville, Mo. R.F.D.
(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..... 50 Yrs.
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Ernest W. Popkies.

3. (b) If veteran, name war.....
 3. (c) Social Security No. 592-10-1467

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Minnie M. Popkies 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November, 8, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>1</u>	hr. min.

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

10. Usual occupation Telephone Co. Mgr.

11. Industry or business Telephone Co.

12. Name W. Barron Popkies.

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

14. Maiden name Elizabeth B. Dodon.

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

16. (a) Informant Minnie Popkies.
 (b) Address Stoutsville, Missouri.

17. (a) Burial (b) Date thereof Feb. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Lickcreek Cemetery.

(c) Place: burial or cremation Perry, Missouri.

18. (a) Signature of funeral director Clyde Willey
 (b) Address Perry, Missouri

19. (a) 4-10-46 (b) Elbert Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th,
 year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1946, to Rama, 19...;
 that I last saw him alive on 2-9-46, 19...;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Dilated & enlarged heart and asthma.

Due to.....

Due to.....

Other conditions (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?

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature R E Suter (M. D. or other).....
 Address Perry, Missouri. Date signed 1-9-46

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

201

(Licensed Embalmer's Statement on Reverse Side)

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.....

Clyde W. Wilkey

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. _____

Registration District No. 227

Primary Registration District No. 5805

1. PLACE OF DEATH: rural
(a) County _____
(b) City or town _____ Florida
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Ernest W Paske

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Nov-8-1911
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-10-46 (b) Elbert Baker
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

10177