

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
**FILED** JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23387

State File No. \_\_\_\_\_

Registration District No. 131

Primary Registration District No. 4202

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Stunley  
(b) City or town Spickard  
(c) Name of hospital or institution: 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 MO (b) County Stunley  
(c) City or town Spickard  
(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 George Poppino  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7  
year 1946 hour 6 minute 00 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced, widowed  
6. (b) Name of husband or wife Jennie Poppino 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec - 23 - 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1946 to July 7 1946  
that I last saw him alive on July 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 48 hours

8. AGE: Years Months Days If less than one day  
71 6 14 hr. min.

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

9. Birthplace 200 /  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations § 30  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Jessie Poppino  
13. Birthplace Ind /  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Dixon  
15. Birthplace Ind /  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

16. (a) Informant Cliff Poppino  
(b) Address Spickard MO  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-9-1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Bosworth Cem Spickard MO  
18. (a) Signature of funeral director Schoolie funeral Home  
(b) Address Spickard 200  
19. (a) 7-15-46 (Date received by registrar) (b) Mrs. Nathan Cooper (Registrar's signature)

23. Signature C. P. McClanahan (M. D. or other) M.D.  
Address Spickard MO Date signed July 8, 1946

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..... *Ross Wise* .....

Licensed Embalmer No..... *3771* .....

P. O. Address..... *Spickard 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.**