

No. 2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33189  
Registrar's No. 308

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town ~~Rural~~ Independence  
(c) Name of hospital or institution: Independence Sanitarium  
(d) Length of stay: 9 days  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Rural (Blue)  
(d) Street No. At junct. of Old & New 40 Highway  
(e) Citizen of foreign country? No  
If yes, name country XXXXXXX

3. (a) PRINT FULL NAME Henry August Poertner  
3. (b) If veteran, name war no  
3. (c) Social Security No. 492-18-9156

4. Sex male (D) 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alma Poertner  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Feb 23 1886

8. AGE: Years 62 Months 7 Days 19

9. Birthplace Burger Missouri

10. Usual occupation Farmer

11. Industry or business XXXXX

12. Name Henry Poertner

13. Birthplace Germany

14. Maiden name Jennie Krueger  
15. Birthplace Marthasville, Missouri

16. (a) Informant Henry William Poertner

(b) Address Raytown, Missouri

17. (a) Burial (b) Date hereof Oct. 15 1948  
(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director  
(b) Address

19. (a) 10-13-48 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1948 hour minute N.

21. I hereby certify that I attended the deceased from April 18 1947 to Oct 12 1948  
that I last saw h- alive on Oct 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Aorta

Due to Coronary Sclerosis year

Due to Hypertension year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration 7 days  
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?  
(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 Date signed 10-13-48

OCT 19 1949

OCT 28 1949

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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.....

*Forest Donald Callaway*

Registered Apprentice No. *225*

working under my personal supervision.

Signed.....

*Russell M. France*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. 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.**