

RECD NOV 4 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35647  
Do not use this space.

1. PLACE OF DEATH

(a) County Jessamine Registration District No. 307  
(b) Township Boulevard Primary Registration District No. 5425 Registered No. ....  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Joppenhouse

(a) Residence, No. 152 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Springfield, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Henry Joppenhouse  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adelheit Selke  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mary Schneider  
(ADDRESS) Swiss Mo B # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville Mo DATE 10-14-1938

19. FUNERAL DIRECTOR W.F. Gattmester  
(ADDRESS) Owensville, Mo

20. FILED 10-13 19 38 Mrs F. D. Meyer  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12 19 38

22. I HEREBY CERTIFY, That I attended deceased from October 7th 1938, to October 12 1938  
I last saw him alive on October 11 1938. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset Oct 7th

Other contributory causes of importance:

Name of operation None Date of .....  
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) E. B. Rhodius, M. D.

(Address) Bay Mo 273

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

122  
22

**STATEMENT BY LICENSED EMBALMER**

I, W.F. Gottenstroeter....., Licensed Embalmer No. 1444.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed W.F. Gottenstroeter.....

Licensed Embalmer No. 1444.....

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

35647  
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1. PLACE OF DEATH

(a) County Gasconade Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Pappenhouse

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19 .....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19 .....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ....., to ..... 19 .....

I last saw him ..... alive on ..... 19 ....., Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset

Other contributory causes of importance:

Malignancy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify E. J. Rhoaders, M. D.

(Signed) E. J. Rhoaders, M. D.

(Address) St. Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED.

SUPPLEMENT

