

DEC 19 1938

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

39118

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade 2 Registration District No. 305
(b) Township Canaan 1 Primary Registration District No. 5422 Registered No. 26
(c) City..... (d) Street No..... St.
(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

352 Lena Amelia Poetting
(a) Residence, No. 8 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Henry Poetting (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 9 14

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. Housewife.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Stollam, (STATE OR COUNTRY) Missouri. 0

FATHER 13. NAME Frederick Mickey.
14. BIRTHPLACE (CITY OR TOWN)..... Germany. 0 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lena Coleman
16. BIRTHPLACE (CITY OR TOWN)..... Germany. 0 (STATE OR COUNTRY)

17. INFORMANT Fred Poetting. (ADDRESS) Owensville, Mo. Route 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Charlotte Ev. Cemetery DATE November 4, 1938

19. FUNERAL DIRECTOR H. S. Gottenstroter (ADDRESS) Owensville, Mo.

20. FILED Dec 1, 1938 J. J. Farrell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1938, to 11-11, 1938

I last saw her alive on 11-11, 1938. Death is said

to have occurred on the date stated above, at 12:22am.

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

Carcinoma with metastases (Abdominal) Date of onset 5-1-38

Other contributory causes of importance:

Emaciation
Cardiac Failure

Name of operation none Date of.....

What test confirmed diagnosis? X-ray 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) Paul Brenner, M. D.

(Address) Owensville, Mo

5 38

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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7

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 305
(b) Township Caranaan Primary Registration District No. 5422 Registered No. 26
(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

Lena Amelia Poetting
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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.
64 9 14

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)

13. NAME

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

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) Nov 11 1938

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

I last saw h..... 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:

Carcinoma with metastasis
Abdominal
Originally malignant
in liver
Other contributory causes of importance:
Transition
Cardiac failure

Date of onset

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..... (Signed) Paul Brenner, M. D.
(Address) Quenerville Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

