

Registration District No.

143

Primary Registration District No.

5205

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town RURAL
(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 2
(Specify whetherIn this community
years, months or days) 2 1/23. (a) PRINT FULL NAME WILLIAM HENRY POETTING

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased 2 8 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 0 27 hr. min.9. Birthplace Berger Mo.
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name HENRY POETTING13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name ELIZABETH HIRSTMAN15. Birthplace G GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Gustav Poetting(b) Address 1432 COVA AVE17. (a) EASTWOOD (b) Date thereof 5-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation EASTWOOD MO18. (a) Signature of funeral director Goy-Jenchel(b) Address W on Design Inc.19. (a) 3-6-1940 (b) J. N. Cotton
(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) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 1940 hour 2:00 minute A. M.21. I hereby certify that I attended the deceased from 3-4-40 to
3-5-, 1940 to _____, 19____;that I last saw him alive on 3-4-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

ursemiaDue to This man lived alone
was unconscious, andDue to no history availableOther 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? 135While at work? _____ (Specify type of place)
Means of injury _____28. Signature J. N. Cotton (M. D. or other) _____Address Waverly Date signed 3-6-40

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 3-5-40

RECEIVED

Registered Apprentice No. _____

working under my personal supervision.
District Health Officer No. 5,

District File Number 740 782

Date Filed 7/1/40

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Buren 7

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2145-4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 143

Primary Registration District No. 2205

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Carter Twp
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town rural
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Wm Henry Poetting
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 3 day 2-
year hour minute M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8
(b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 67 Months 0 Days 27
If less than one day hr min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER { 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)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant (b) Address
17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation
18. (a) Signature of funeral director Oray Leuchel
(b) Address Van Buren
19. (a) 3-4-40 (b) Registrar's signature McGowan
(Date received local registrar) (Registrar's signature)

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 J. W. Cottons (M. D. or other)
Address Van Buren Date signed Mo

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

SUPPLEMENTAL

Handwritten text, possibly a signature or date, located at the bottom center of the page.