

Registration District No. 657

Primary Registration District No. 5874

10

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Frohna Mo.
(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
In this community 85-8-16
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Martin I. Poppitz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct. 10 1854
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>85</u>	<u>8</u>	<u>16</u>	hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Poppitz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanne Kueher
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur E. B. Fassel
(b) Address Frohna, Mo.

17. (a) Burial (b) Date thereof June 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Gausmy & Lane
(b) Address Perryville Mo.

19. (a) 6-28-1940 (b) Joseph H. Schmitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Frohna Mo.
(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 June day 26
year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-15-29
to 6-26-40, 1940
that I last saw him alive on 6-25-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Chronic Asthma

Major findings: Of operations _____

Of autopsy _____

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?
Yes

(e) Means of injury _____
(Specify type of place)

23. Signature G. A. Palisch (M. D. or other)
Address Frohna Mo. Date signed 6-27-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

FORM 5-17-39 REV. 1-11-38

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 *Edward E. Young*
Licensed Embalmer No. *2138*
P. O. Address *Perryville 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, above space should be left blank.