

FILED OCT 2 1942
Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Pershing
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural / Richland Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years (years, months or days)

3. (a) PRINT FULL NAME

FRITZ DEPPE

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 9

6. (b) Name of husband or wife Rena Deppe

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

7. Birth date of deceased

(Month)

(Day)

(Year) 1868

8. AGE:

Years

Months

Days

If less than one day

74

0

23

hr.

min.

9. Birthplace

Pershing Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

August Deppe

13. Birthplace

Germany

(City, town, or county) (State or foreign country)

14. Maiden name

Wiegmann

15. Birthplace

Germany

(City, town, or county) (State or foreign country)

16. (a) Informant

John Deppe

(b) Address

Pershing Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date there

8-20-1942

(c) Place: burial or cremation

Pershing Mo.

18. (a) Signature of funeral director

Small Hermann

(b) Address

Marion Mo.

19. (a)

Sept. 19, 1942

(b)

G. H. Hedler

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
(c) City or town Pershing Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th 1942
year 1942 hour 7:30 minute 9 M.

21. I hereby certify that I attended the deceased from October 9th
1941 to Sept. 18th 1942
that I last saw him alive on Sept. 18th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Gastric Cancer

Duration

Due to _____

Due to _____

Other 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? _____

While at work _____

(Specify type of place)

(c) Means of injury _____

23. Signature E. G. Rhodius (M. D. or other)

Address Hermann Mo. Date signed 9/21/42

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, ~~by~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Chas. W. Pope
Licensed Embalmer No. 2552
P. O. Address Morris on, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30312
Registrar's No. 10

Registration District No. 119 Primary Registration District No. 5442

1. PLACE OF DEATH:

- (a) County Gasconade
(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 _____ (Specify whether
in this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Irving Deppel

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M

5. Color or
race W

6. (a) Single, widowed, married,
divorced Unknown

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Aug
(Month)

25
(Day)

1942
(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

74

0

13

mo

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

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)

16. (a) Informant

(b) Address

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

8-20-42
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Gastric Cancer Duration _____

Due to only thing listed

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862. The letter is a copy of the original, and is dated January 3, 1862.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

3. The third part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

4. The fourth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

5. The fifth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

6. The sixth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

7. The seventh part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

8. The eighth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

9. The ninth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

10. The tenth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.