S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41537

Registration District No. 273 | Primary Registration District No. 5915 | Registrar's No. 82

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

79
0
0

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural Central
(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 years, months or days)
In this community 63-10- 7

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eberhardt G. Popp

3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Louisa Popp

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Feb. (Month) 23 (Day) 1879 (Year)

8. AGE: Years 63 | Months 10 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: George Popp
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Elezabeth Klemp
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ruben Popp
(b) Address: Perryville RFD. # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Longtown Mo.

18. (a) Signature of funeral director: Haenger Sons
(b) Address: Perryville, Mo.

19. (a) 1-2-43 (Date received local registrar) (b) O. H. Preusse (Registrar's signature)

1115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1942 hour 6 minute 45 PM

21. I hereby certify that I attended the deceased from March. 1 1942 Dec. 30 19.. to Dec. 30 1942; that I last saw him alive on Dec 28 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic. Stenosis	
Due to: Cardiac Disease	
Due to: Hyper Tension	
Other conditions: Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 92d
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: O. J. Miller (M. D. or other)
Address: Perryville. Mo Date signed: 1/2/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143-1637

Date Filed 1-11-42

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

Signed Edward C. 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, fact should be so stated above.