

FILED AUG 11 1943

Registration District No. 513

Primary Registration District No. 3010

Registrar's No. 218

1. PLACE OF DEATH:

(a) County. Cape Girardeau  
(b) City or town. Cape Girardeau Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South East Mo. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 hrs. Hospital  
(Specify whether  
In this community 8 Hours  
years, months or days)

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) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Norman Paul 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. Single

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

7. Birth date of deceased. January 5 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation. Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. Olaf Popp  
13. Birthplace. Perry Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name. Wilma Fiedler  
15. Birthplace. Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Olaf Popp  
(b) Address. Frohna, Mo.

17. (a) Burial (b) Date thereof. 7-9-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Frohna Mo.

18. (a) Signature of funeral director. Young & Sons

(b) Address. Perryville, Mo.

19. (a) 7-13-43 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 6 1943 to July 7 1943.  
that I last saw him alive on July 6 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Dysentery Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Dysentery

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature. H. Cochran (M. D. or other) \_\_\_\_\_

Address. Cape Girardeau, Mo. Date signed 7-10-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0108

RECEIVED

District Health Officer No. 4

District File Number 843-255

Date Filed 8-10-43

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 Wallace J. Army

Licensed Embalmer No. 4027

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.

Handwritten notes and initials at the bottom right of the page.