S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1943

Registration District No. Dr. Taylor 77

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5304

State File No. 42067

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Cole

(b) City or town "RURAL" Osage Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RFD # 4 Jefferson City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole 0

(c) City or town RURAL---R.F.D.#4, Jeff City, Mo
(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 0

3. (a) PRINT FULL NAME Mrs. Elizabeth Popp

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andy Popp

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 2 (Day) 1873 (Year)

8. AGE: Years 70 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Hoehler
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Barabra Schroeder
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Herbert Popp
(b) Address R.F.D.#4, Jefferson City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Osage Bluff Methodist Cemetery

18. (a) Signature of funeral director Thorp J Gordon
(b) Address Jefferson City, Missouri

19. (a) 12-21-43 (Date received local registrar) (b) Thirma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 20 day 20
year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 18, 1943, to Dec 20, 1943
that I last saw her alive on Dec 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. Taylor M.D. (M.D. or other)
Address Jefferson City Mo Date signed 12-21-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4096

P. O. Address Jefferson City

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.