

FILED APR 5 1944

Registration District No. 362

Primary Registration District No. 6232

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural -- Bridgeport, J. L.
(c) Name of hospital or institution:
4 miles east of Mc Kittrick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 years
In this community 80 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Rural -- Bridgeport
(d) Street No. 4 miles east of Mc Kittrick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. JOHANNA LUPPOLD

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Matt Luppold 6. (c) Age of husband or wife if alive 1860 years
7. Birth date of deceased Feb. 8 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hwf.

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Krattli
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Maria Bader
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Luppold

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 3/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loutre Island Cem.

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) Mar 8 1944 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1944 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from Feb 15 1944 to Mar 6 1944
that I last saw her alive on Mar 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of liver Duration _____
Probably Carcinous 1 yr

Due to _____

Due to _____

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

Major findings: Of operations H60 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) Means of injury _____

23. Signature J.R. Rauchelbach (M. D. or other) _____
Address Clintland Mo Date signed 3-6-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-44

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..... *Hughes Blumer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.