

FILED MAY 8 1944

Registration District No. **17**

Primary Registration District No. **5304**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town R.F.D.#4, Osage Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#4, Jefferson City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 75 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Andy M. Popp

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Male race White 5. Color or race..... 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth Popp 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 14 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75		29	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name George Popp

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

14. Maiden name Not known

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

16. (a) Informant Herbert Popp

(b) Address R.R. 4, Jefferson City, Mo.

17. (a) Burial (b) Date thereof April 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage Bluff Methodist Church Cemetery

18. (a) Signature of funeral director Herbert Popp

(b) Address Jefferson City, Missouri

19. (a) 4-17-44 (b) Normal Popp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#4, Jefferson City, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Mar 27
1944 to April 11 1944
that I last saw him alive on April 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar 5 days
Prostatic tumor, benign 10 yrs

Due to Atherosclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... 108
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.....
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?

23. Signature Herbert Popp (Specify type of place) (e) Means of injury
Address 626 Jefferson (M. D. or other) Date signed 4-13

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-44

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 Lucas Priest

Licensed Embalmer No. 4596

P. O. Address Jefferson Co

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.