

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

13318
State File No.
1613
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs.
In this community 6 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3835 East 9th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME David William Popp
3. (b) If veteran, name war. No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1946 hour 11 minute 20 AM.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from April 5, 46
2:40 AM. to April 5, 12:46 PM.
that I last saw him alive on April 5, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased April 5 1946
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
6 hr. min.

Immediate cause of death Premature 6/7mo.
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

MOTHER FATHER
11. Industry or business.....
12. Name Edmund Wm Popp
13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Louise Atkins
15. Birthplace Plattsburg Mo.
(City, town, or county) (State or foreign country)

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 2
Signature G. T. Gentry (M. D. or other) 2
Address 3901 Jackson Date signed 4-7-46

16. (a) Informant Edmund Wm Popp
(b) Address 3835 e 9th Kansas City, Mo.
17. (a) Mt. Washington (b) Date thereof: April 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial, Mt Washington
18. (a) Signature of funeral director George L. Carson
(b) Address Ind. Dep. Mo.
19. (a) 4-7-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature G. T. Gentry (M. D. or other) 2
Address 3901 Jackson Date signed 4-7-46

(Licensed Embalmer's Statement on Reverse Side)

Kansas City

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

9 of 10
390 Pa. B. License

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.....

Kenneth P. Lips

Licensed Embalmer No. *4192*

P. O. Address. *1309 Bunal Creek, K.C.*

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.