S. No. 2
M—9-4-41
v. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36161

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1243

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs 2 mos 22 da (Specify whether
In this community 12 years, 2 months, 22 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 11
(c) City or town KC 1
(If outside city or town limits, write "RURAL")
(d) Street No. 3718 E 9th 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lawrence Poggenpohl

3. (b) If veteran, name war no

3. (c) Social Security No. not stated

4. Sex M O

5. Color or race W

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 Aug (Month) 14 (Day) 1907 (Year)

8. AGE: Years 39 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Poggenpohl 0
13. Birthplace — (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Margaret Hall 0
15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant W B Bram
(b) Address 3718 E 9th KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 46 (Month) (Day) (Year)
(c) Place: burial or cremation Independence Mo

18. (a) Signature of funeral director Geo C Carson
(b) Address Independence Mo

19. (a) Nov. 7, 1946 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1946 hour 5 45 minute P M.

21. I hereby certify that I attended the deceased from June 1946 to Nov 1 1946
that I last saw him alive on Nov 1 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary T.B.	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

1 3 B

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 0

23. Signature L. S. Thuck (M. D. or other)
Address State Hosp #2 St. Joseph, Mo. Date signed 11/1/46

(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.....John Pasley.....

Licensed Embalmer No. 4308

P. O. Address.....Independence 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.