

No. 2
-12-45
5-17-39
PI X47070

FILED JUN 13 1947 43

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
105 E. Henry /
(If not in hospital or institution, write street number or location)

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

In this community 4 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 105 E. Henry 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME Lizzie Ann Kappler

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

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife John Wesley Kappler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 26 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1947 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from 25 May 47 to 2 June 47 that I last saw her alive on 1 June and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	6	6	hr. _____ min.
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Immediate cause of death Pulmonary hemorrhage Duration _____

Due to Cause unknown

Due to Stroke

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

10. Usual occupation Housewife

Other conditions Hypertensive cardiovascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93

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

11. Industry or business _____

MOTHER FATHER

12. Name Jim Walker

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

14. Maiden name Mary Jane Hurley

15. Birthplace Ky.
(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? _____

16. (a) Informant Jake Kappler

(b) Address Kansas City, Mo.

17. (a) Removal (b) Date thereof 6/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advance Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 6/3/47 (b) RA Muntz
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

33. Signature Opella Post M.D.
Address Poplar Bluff, Mo. Date signed 5/3/47

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

RECEIVED

District Health Office No. 2,

District File Number 642-83

Date Filed 6-10-47

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.....

John M. Davies

, Registered Apprentice No. 487

working under my personal supervision.

Signed.....

Raymond Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.