

S. No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11387

State File No.

FILED MAY 10 1948

Registration District No.

Primary Registration District No. 4012

Registrar's No.

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Rock Port.
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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

3. (a) PRINT FULL NAME Henry William Poppa
3. (b) If veteran, name war..... 3. (c) Social Security No. 48-10-8880

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
year 1948 hour 11 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mary Poppa
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased. (Month) 2 (Day) 23 (Year) 1898

21. I hereby certify that I attended the deceased from March 23, 1948 to April 16, 1948
that I last saw him alive on April 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma transverse colon, splenic flexure. Duration 10 Mo.

8. AGE: Years 70 Months 1 Days 23 If less than one day
.....hr.min.

Due to.....
Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

PHYSICIAN

11. Industry or business

Major findings: Carcinoma of transverse colon.
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Wm. Henry Poppa
13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna (Unknown)
Hanover Germany
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Poppa (1945)
(b) Address Rock Port, Mo
17. (a) Burial (b) Date thereof 4/18/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation St Johns Cem.
Bartholomew Mortuary
18. (a) Signature of funeral director
(b) Address Rock Port, Mo

While at work?..... (Specify type of place)
(e) Means of injury.....

19. (a) 4-18-48 (b) Betty Leabing
(Data received local registrar) (Registrar's signature)

23. Signature G.A. Reuther (M. D. or other) MD
Address Rock Port Mo Date signed 4-17-48

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

MAY 27 1944

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Grady B. Birchlow

Licensed Embalmer No.

3173

P. O. Address

Rock Port, 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.