S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 21 1948
Registration District No. 43

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15552
Primary Registration District No. 3007
Registrar's No. 164

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Found floating in Black River at Poplar Bluff, Mo (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: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Butler
(c) City or town: Poplar Bluff Rural (If outside city or town limits, write "RURAL")
(d) Street No.: ½ Mi. N. & 5 M. S. on Hi-way 60 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Herman Knoppe
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug. 4, 1878 (Month) (Day) (Year)
8. AGE: Years 68 Months 8 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace: Effingham, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business: Retired Farmer
MOTHER FATHER
12. Name: Barney Knoppe
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Mary Huncraft
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph Knoppe
(b) Address: Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic – Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo
19. (a) 5/14/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1948 hour unknown minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Drowning
Due to: ____
Due to: 183
Other conditions (Include pregnancy within 3 months of death): 36
Major findings:
Of operations ____
Of autopsy ____

Duration

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): Accident 128
(b) Date of occurrence: May 3-1948
(c) Where did injury occur? Poplar Bluff (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public River (Specify type of place)
While at work? No (e) Means of injury: Fell in River
23. Signature: George W. Green Jr. M.D. Coroner
Address: Poplar Bluff Mo Date signed: 5-10-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 548-642
Date Filed 5-18-48

MAY 25 1948

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 Scott A. Corlett

Licensed Embalmer No. 3567

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.