

FILED AUG 10 1948

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri River 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 712 Jefferson Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st  
year 1948 hour about minute 6 P.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: Accidental Drowning in Missouri River  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 183  
36

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) \_\_\_\_\_  
(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? \_\_\_\_\_

(e) Signature Norma Richter (M.D. or other) \_\_\_\_\_  
While at work? \_\_\_\_\_ (f) Means of injury \_\_\_\_\_  
23. Signature Walter Popp (Registrar's signature) \_\_\_\_\_  
Address 503 Trust Bldg Jefferson City, Mo Date signed 8-5-48

3. (a) PRINT FULL NAME Mary Helen Popp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-30-4810

4. Sex Female 5. Color or race White 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 July 16 1927  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>16</u>	<u>16</u>	hr. _____ min.

9. Birthplace Osage Bluff, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Tweedie Footwear Corp

12. Name Walter Popp

13. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Stroessner

15. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter POPP

(b) Address Etterville, Missouri

17. (a) Burial (b) Date thereof Aug-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Walter Popp

(b) Address Jefferson City, Missouri

19. (a) 8-5-48 (b) W. P. Warrick, M.D.  
(Date received local registrar) (Registrar's signature)

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

26  
5  
X  
C

26

City, Mo. Best Invalued

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 9 1948

AUG 10 1948  
Body found Aug. 4, 1948  
Jefferson City 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.....  
*Not Embalmed*, Registered Apprentice No.....  
working under my personal supervision.

Signature *Harold Gordon*  
Licensed Embalmer No. *1286*  
P. O. Address *Jefferson City 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.

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Colo  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME

Mary Helen Papp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social security No. \_\_\_\_\_

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 16 1922  
(Month) (Day) (Year)

8. AGE: Years 21 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 8-11-48 (b) R.O. Davis M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 1 Year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 3 1/2

Major findings: Of operations 1 1/2

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accidental Drowning

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence August 1 - 1948

(c) Where did injury occur? Missouri River near Boat near Jefferson City (City or town) (County) (State) MO

(d) Did injury occur in or about home/on farm, in industrial place, in public place? Missouri River - Boat capsized & While at work (Specify type of place)

(e) Means of injury Boat capsized

23. Signature Thomas Richter D. Registrar (M. D. or other) Address 503 Trust Bldg J.P.Mo Date signed 8-11-48

SUPPLEMENTARY

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

MOTHER FATHER

S-22616