

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18200
 Do not use this space.

REC'D JUN 10 1938

1. PLACE OF DEATH

(a) County Franklin Registration District No. 292
 (b) Township Boeuf Primary Registration District No. 3410
 (c) City..... (d) Street No..... Registered No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Edward Kappelmann 145 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Emma Kappelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heerlavan Mo.

FATHER 13. NAME Wm Kappelmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Josua Schumacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo. Kappelmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Boeuf DATE 5-24 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Hestig, Sr.

20. FILED May 24, 1938 Jeff Grammer Local Registrar

Washington, Missouri

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/16/38, 1938 to 5/21/38, 1938
 I last saw him alive on 5/21/38, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Arterio-sclerosis
 Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) J. J. [Signature], M. D.
 (Address) Washington, Missouri

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. C. Frestig, Licensed Embalmer No. 2099

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. C. Frestig L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)