FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10537

Registration District No. 125 Primary Registration District No. 3009 5178 Registrar's No. 103

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU.

(b) ~~City or town~~ [illegible]
(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 ALL LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm RICHARD HAPPEL 146

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased AUG (Month) 16 (Day) 1882 (Year)

8. AGE: Years 57 Months 6 Days 24 If less than one day hr. min.

9. Birthplace CAPE GIRARDEU. (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry HAPPEL 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE TUSCHOFF
15. Birthplace Appleton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature E O Happel
(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 12 (Day) 40 (Year)
(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director Brinkopf - Howell
(b) Address Cape Girardeau Mo.

19. (a) 3-18-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1940 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 3/1, 1940, to 3/10, 1940 that I last saw him alive on 3/9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to

Other conditions 94 P
(Include pregnancy within 3 months of death)

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

23. Signature [illegible] (M. D. or other)
Address CAPE GIRARDEAU. Mo Date signed 4/10/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19311

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.