No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28825

FILED SEP 10 1941

Registration District No. 138

Primary Registration District No. 5723

Registrar's No.

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

Affidavit No 307

1. PLACE OF DEATH

(a) County Madison

(b) City or town Rural St. Michael Twp
(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 most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown /
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FLORENCE ZELMAR HAUPT

3. (b) If veteran, name war .....

3. (c) Social Security No. 496-18-6031

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jewell Haupt

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August (Month) 6 (Day) 1912 (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	0	23	..... hr. ..... min.

9. Birthplace Oak Ridge (City, town, or county) Missouri (State or foreign country)

10. Usual occupation attendant

11. Industry or business Filling Station

FATHER
12. Name Pearl Haupt
13. Birthplace Sedgewickville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Minnie Moore
15. Birthplace Oak Ridge (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Jewell Haupt
(b) Address Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Mo.

19. (a) Sept 1st 1941 (Date received local registrar) (b) S C Slaughter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1941 hour (approx.) 6 minute 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 Undetermined

Due to .....

Due to .....

Other conditions .....
(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) Unknown
(b) Date of occurrence Aug. 29 1941
(c) Where did injury occur? Fredericktown (City or town) Madison (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Automobile
(Specify type of place)
While at work? No (e) Means of injury Unknown

23. Signature Watson W. Crowder Coroner (M. D. or other)
Address Fredericktown Date signed 8/30/31

4-X1 (Licensed Embalmer's Statement on Reverse Side)

OCT 6 1941

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28825

Registration District No. 538 Primary Registration District No. 5723 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural St. Michael
(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 Most of life
years, months or days)

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

3. (a) PRINT FULL NAME Florence Zelmar Haupt.

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 M-

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 6 (Month) 1912 (Day) (Year)

8. AGE: Years 29 Months 0 Days 23 If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1941 hour 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 Undetermined

Due to

Due to 163 P

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carbolic Acid Poisoning — Lab. report

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) Suicide

(b) Date of occurrence Aug-29-1941

(c) Where did injury occur? Fredericktown, Mo
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
in automobile
(Specify type of place)

While at work? (c) Means of injury Poison

23. Signature (M. D. or other)

Address Date signed