

Registration District No. 118

Primary Registration District No. 5489

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural Canaan Township  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade  
(c) City or town Rural Canaan Twp.  
(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.

8. (a) PRINT FULL NAME Samuel Jappmeyer

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased Dec. 15 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 3 20 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Building

12. Name F. H. Jappmeyer

13. Birthplace Prussia Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Meyer

15. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur S. Jappmeyer

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 4-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Owensville, Mo.

18. (a) Signature of funeral director Jappmeyer-Murray

(b) Address Owensville, Mo.

19. (a) April 6, 1943 (b) Myrtle M. Wenzel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-30 1943 to 4-4 1943;

that I last saw him alive on 4-4-43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia - Duration 24 Hrs.

Both lower lobes

Due to Right Hemiplegia 5 dys.

Due to intra cranial hemorrhage due to hypertension

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

Major findings: Of operations None

Of autopsy None

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? \_\_\_\_\_

23. Signature Paul A. Brenner (M. D. or other) 108

Address Owensville, Mo. Date signed 4-5-43

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

37  
00

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address Owensville, 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, above space should be left blank.**