V. S. No. 2
0M—5-42
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17693

State File No. .....

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 68

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ----- Frederick Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----- In this community: 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois. (b) County: Ada

(c) City or town: Quincy, (If outside city or town limits, write "RURAL")

(d) Street No.: 1470½ Hampshire. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ----

3. (a) PRINT FULL NAME: Samuel Dewey Harpel

3. (b) If veteran, name war: World War

3. (c) Social Security No.: 487-10-3068

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Corine Harpel

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: June (Month) 10 (Day) 1898 (Year)

8. AGE: Years 44 Months 11 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Traveling Salesman

11. Industry or business: Plumbing Supplies.

FATHER
12. Name: William J. Harpel
13. Birthplace: Boyertown (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Boyer
15. Birthplace: Lebanon (City, town, or county) Pa. (State or foreign country)

16. (a) Informant: Mrs. Samuel Dewey Harpel

(b) Address: Quincy, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 28" 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Kansas City, Mo.

18. (a) Signature of funeral director: Goodman & Moller

(b) Address: Boonville, Mo.

19. (a) May 26-43 (Date received by local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 25" year: 1943 hour: 11 minute: 45 A.M.

21. I hereby certify that I attended the deceased from May 25, 1943, to May 25, 1943, that I last saw him alive on May 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Occlusion	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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:

(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)

While at work? (e) Means of injury

23. Signature: Geo. W. Blankenship (M. D. or other) MD

Address: Boonville mo. Date signed: 5-26-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-1-43

JUN 7 1943

JUL 30 1943

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.