

S. No. 2
M-5-42
5-17-39
X32872

18243

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1943

Registration District No. 193

Primary Registration District No. 4273

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia Mo.
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Concordia Mo.
(d) Street No. 1003 - St Louis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME HENRY PAPE

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

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

6. (b) Name of husband or wife Mary Cape 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased 1869 - 2 - 22
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
74 2 22

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

10. Usual occupation _____

11. Industry or business Retired Grocery Business

12. Name Jacob Cape

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

14. Maiden name Kathryn Helper

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

16. (a) Informant Ralph Cape

(b) Address Concordia Mo.

17. (a) Burial (b) Date thereof May - 16 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Co Bethel Cemetery

18. (a) Signature of funeral director H. F. Duesenberg
(b) Address Concordia Mo.

19. (a) May 15 - 1943 (b) Mrs. Walter Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day May
year 1943 hour 11 minute 06 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage
Ecoloma

Due to arteriosclerosis
First degree heart block

Due to Carcinoma of the Lung

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H&E

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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. Frederick Heilmann (M.D. or other) 1001
Address Concordia Mo. Date signed 5/17/43

Duration

2-3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1235

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

of File Number

Filed 6-7-43

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. 4305

P. O. Address Wellington MD

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.