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7.5-17-42  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35224**  
Registrar's No. **300**

Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Marion Hannibal**

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

(c) Name of hospital or institution: **St. Elizabeth, Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours**  
(Specify whether 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

(c) City or town **FRunala**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Liberty Township**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **Fritz C. Happel**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **496-14-0505**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mamie Tate Happel**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Oct 11 1891**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**51 11 22** hr. min.

9. Birthplace **Marion County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Raymond C. Happel**

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

14. Maiden name **Sallie Heim**

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

16. (a) Informant **Mrs. F.C. Happel**

(b) Address **Palmyra, Mo.**

17. (a) **Burial** (b) Date thereof **10/7/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem. Palmyra**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Palmyra, Mo.**

19. (a) **10-7-43** (b) **R. W. Connor**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**  
year **1943** hour **12:45** minute **45 P.**

21. I hereby certify that I attended the deceased from **July 26**  
**1943** to **Oct. 3** **1943**  
that I last saw him alive on **Oct 3 - 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chr nephritis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **131**

Of autopsy **131**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. \_\_\_\_\_)

Date signed **Oct 5 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, ~~only~~.....

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

Signed Leopold Lewis.....

Licensed Embalmer No. 2582.....

P. O. Address Salmon Falls.....

**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.**