

FILED DEC 10 1943

Registration District No. 3

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 913 S Ranny
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 82 93 years
(years, months or days)

3. (a) PRINT FULL NAME SABINA C HAUPT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H C A Haupt

6. (c) Age of husband or wife if alive 99 years

7. Birth date of deceased Dec 6 1849
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>10</u>	<u>28</u>hr.....min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Charles Haupt (O.K.)

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

14. Maiden name Minnie Deippi

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

16. (a) Informant Mrs Paul Willer

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Nov 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Mo

18. (a) Signature of funeral director J. D. Howell

(b) Address Cape Girardeau Mo

19. (a) 11-29-43 (b) G. St. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 913 S Ranny
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5
year 1943 hour 7 minute D. M.

21. I hereby certify that I attended the deceased from June 13
1943 to Nov 13 1943

that I last saw h. er alive on Nov 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison

Due to Chronic Nephritis

Due to 7 Values heart disease

Other conditions Insipidities of Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12/12

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?

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

23. Signature J. D. Barry (M. D. or ~~other~~)

Address Cape Girardeau Mo Date signed 11-6

1014

RECEIVED

District Health Officer No. ⁴.....
District File Number 1243-30
Date Filed 12-8-43

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 W. H. Estes.....

Licensed Embalmer No. 3568.....

P. O. Address Cap. J. J. ...

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.