

FILED SEP 14 1944

Registration District No. 277

Primary Registration District No. 6022

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond RURAL  
(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 \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME JOHN MORGAN HAPPY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, Divorced widowed

6. (b) Name of deceased's wife Anna M. Happy 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased December 10, 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Corneolus Happy  
13. Birthplace Lexington Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Martin  
15. Birthplace Hardin Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Happy  
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof Sept 2, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hardin, Missouri

18. (a) Signature of funeral director [Signature]  
(b) Address Richmond, Missouri

19. (a) 9/2/44 (b) Ms. Charles W. Shipp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1944 hour 3:30 PM minute 30 M.

21. I hereby certify that I attended the deceased from June, 1943, to Aug 31, 1944,  
that I last saw him alive on Aug 31, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1 yr.  
Duration

Due to Advanced arteriosclerosis  
Sclerosis

Due to gpa

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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. [Signature])  
Address Richmond, Mo. Date signed 9-2-44

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 9-12-44

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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, ~~XXXX~~ .....

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

Signed *Chasman* .....

Licensed Embalmer No. 2073 .....

P. O. Address Richmond, Missouri .....

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.