

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30659

FILED OCT 10 1944

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 302

## 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:  
624 BELLEVUE ST 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify number)  
 In this community 78 yr - 9 mo - 23 (Life)  
 years, months or days

3. (a) PRINT FULL NAME HENRY KELPE3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife JORANNO KELPE 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased NOV 23 - 1866  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 23 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CAPE GIRARDEAU MO (City, town, or county) (State or foreign country)10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name CHRIST H KELPE 4  
 13. Birthplace GERMANY (City, town, or county) (State or foreign country)  
 14. Maiden name AMALIA LORBERG  
 15. Birthplace HANOVER GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Arthur G. Kelpe17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 17, 1944 (Month) (Day) (Year)(c) Place: burial or cremation HANOVER CEMETERY18. (a) Signature of funeral director Wm. L. Loberg(b) Address Cape Girardeau Mo.19. (a) 9-16-44 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIRARDEAU  
 (c) City or town CAPE GIRARDEAU 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 624 BELLEVUE (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 15  
 year 1944 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940 to Sept 15, 1944  
 that I last saw him alive on Sept 14, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration 4 mo

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy not permitted in time HLF  
 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 Carl A. Zimmerman (Specify name of physician or other) \_\_\_\_\_  
 Address Cape Girardeau Mo. Date signed Sept 16, 1944

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

RECEIVED

District Health Officer No. 4  
District File Number 1044-4408  
Date Filed 10-9-44

APR 7 1951

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. 3810

P. O. Address Cape Girardeau, 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.