

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sanareta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ✓
years, months or days)

3. (a) PRINT

FULL NAME Thomas Happle

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 Widowed

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

7. Birth date of deceased 12 - 2 - 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Coal Miner

11. Industry or business _____

12. Name George Happle

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

14. Maiden name Isabelle Walker

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

16. (a) Informant Emmett Happle Jr

(b) Address 923 Emerald St. Macon Mo

17. (a) Burial (b) Date thereof 2-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westwood Park

18. (a) Signature of funeral director H. J. Edwards

(b) Address 737 E. Macon Mo

19. (a) 4/6/46 (b) John McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Beverly 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1946 hour 4 am minute _____ M.

21. I hereby certify that I attended the deceased from Feb 7 1946 to Feb 15 1946

that I last saw him alive on Feb 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Unregulated F-ermol
kernel (pit) 8 days
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 1220

Major findings: Gastric cancer
Of operations SM with metastasis
Of autopsy metastasis

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 A. J. ... (M. D. _____)
Address Macon Mo Date signed 2/14/46

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

RECEIVED

District Health Officer No. 10

District File Number 5-46-1006

Date Filed MAY 23 1946

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 *H. G. Edwards*.....

Licensed Embalmer No. 1961.....

P. O. Address *Brewer 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.