

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 110

Primary Registration District No. 5-425

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town 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  
In this community all years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME AUGUST KAPPELMANN

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

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Dec 4 1900  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 17  
If less than one day hr. min.

9. Birthplace New Haven (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Frank Kappelmann  
13. Birthplace Germany  
14. Maiden name Mary Webb  
15. Birthplace Germany

16. (a) Informant Mrs. Aug Kappelmann

(b) Address New Haven Mo.

17. (a) Rural (b) Date thereof 10-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Lutheran Church

18. (a) Signature of funeral director Jeffie A. Brannaman  
(b) Address New Haven Mo.

19. (a) Oct 24-46 (b) Jeffie A. Brannaman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st  
year 1946 hour 3 minute 50P M.  
21. I hereby certify that I attended the deceased from December 1 1938 to Oct 21 1946  
that I last saw him alive on October 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
due to hypertrophied prostate with urinary obstruction 9 yrs.  
Due to: .....  
Due to: .....  
Other conditions (Include pregnancy within 3 months of death):  
Major findings: no operation  
Of operations: .....  
Of autopsy: no 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 Brannaman (M. D. or other) MD.  
Address New Haven, Mo. Date signed 10/21/46

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

6  
0  
0

**RECEIVED**  
District Health Officer No. 91  
District File Number  
Date Filed 10/30/46

**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 Earl Fertig  
Licensed Embalmer No. 33852  
P.O. Address Ypsilanti, Mich.

**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.**