

FILED FEB 4 1947

Registration District No. 53

Primary Registration District No. 5786

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau R.F.D. # 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cape Girardeau R.F.D. # 1
(If not in hospital or institution, write street number or location)

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

In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Cape Girardeau R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Keoppel

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 27th
year 1947 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased: April 30th 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the day and hour stated above.

Immediate cause of death Shot gun wound in head. Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

Due to a charge of no. 6 shot from a 12 gauge single barrel gun

Due to entering hospital, blow to head and tearing top of head off.

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation retired farmer

Major findings: Of operations _____

Of autopsy 16

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John C. Keoppel

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

14. Maiden name Julia Lueder

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Gietz

(b) Address St. Louis, Missouri.

17. (a) Burial (b) Date thereof 1-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 1-31-1947 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide 16

(b) Date of occurrence Jan. 27, 1947

(c) Where did injury occur? Cape Girardeau Cape Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Wm. Hannelrich Farm - Cape Girardeau Mo. Apr. 1.

While at work? No. (e) Means of injury: Shot Gun
(Specify type of plate)

23. Signature Dr. G. F. Sigmond & C. Coroner
(M. D. or other)

Address Jackson Mo. Date signed 1/31/47

RECEIVED

Death Office No. 4

Number 247-185

2-3-47

UNIVERSAL RECORDS

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 *Howard R. Tolman*

Licensed Embalmer No. *4122*

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.