

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED DEC 3 1947 2
Registration District No. _____

Primary Registration District No. **4073**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Old Appleton
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Old Appleton 16
(If outside city or town limits, write "RURAL") 0

(d) Street No. Main St. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Hugo Joseph Trapp

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married 2 divorced widower

6. (b) Name of husband or wife Mary J. Buchheit alive _____ years

7. Birth date of deceased February 9, 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1947 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1939, to November 24th, 1947;
that I last saw him alive on November 24th, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

91 9 15 hr. _____ min.

Immediate cause of death Uremia Duration 1 week

Due to Chronic Nephritis 8 years

Due to Arteriosclerosis, Generalized 8 years

Other conditions _____
(Include pregnancy within 5 months of death)

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy 1310

11. Industry or business _____

MOTHER FATHER {

12. Name Ignatius Trapp 9

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

14. Maiden name Mary Schott 9

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

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? _____

16. (a) Informant William Trapp

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 11-27-1947
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation Catholic Cemetery, Schumbrack, Mo.

18. (a) Signature of funeral director Pey Funeral Home

(b) Address Perryville, Mo.

19. (a) 11-28-47 (b) J. D. Schumbrack
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury 0 M.D.

23. Signature Theodore Fischer (M. D. or other) M.D.

Address Altensburg, Mo. Date signed 11/26/47

RECEIVED

District Health Officer No. 4
District File Number 1247-1519
Date Filed 12-2-47

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. 3866

P. O. Address Gerrysville, Ind.

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.