FILED MAR 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8527
Do not use this space.

1. PLACE OF DEATH
(a) County Wayne — Registration District No. 896
(b) Township Benton — Primary Registration District No. 4540 — Registered No. 4
(c) City Piedmont — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME 452 HENRY FREDRICK MOEHLENKAMP
(a) Residence, No. Piedmont, Mo. St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherina Maehlenkamp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1861
7. AGE: YEARS 78 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

FATHER
13. NAME: William Maehlenkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Elizabeth Factor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

17. INFORMANT (ADDRESS): Catherina Maehlenkamp, Piedmont, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Louis, WESTERN LUTHERAN — DATE: March 5, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): N. W. Gish, Piedmont, Mo.
20. FILED 3-2, 1940 T. C. Piles M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to Feb 29, 1940. I last saw him alive on 2-29, 1940. Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (stertic) 108

Other contributory causes of importance: Gen. emaciation colitis

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. H. Cline M.D., M. D.
(Address) Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14023

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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, above space should be left blank.