

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Franklin.  
(b) City or town Washington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
508 E. Fifth St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community 79 yrs. 7 mos. 16 das.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin.  
(c) City or town Washington.  
(If outside city or town limit, write "RURAL")  
(d) Street No. 508 E. Fifth St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? X years.

3. (a) PRINT FULL NAME Carolina J. Kamp. 510

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

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

6. (b) Name of husband Henry Herman Kamp. 6. (c) Age of husband deceased if alive, years

7. Birth date of deceased Sept. 2nd, 1860.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 16 hr. X min.

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

10. Usual occupation House-work.

11. Industry or business X

12. Name Frederick Wm. Dieckmann.

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

14. Maiden name Katherine Schulte.

15. Birthplace Minden, Westphalia Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold H. Kamp

(b) Address 9466 W. Milton, St. Louis Co., Mo

17. (a) Burial. (b) Date thereof Apr. 21, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director NIEBURG & VITT, Inc.

(b) Address Washington, Mo.

19. (a) April 19-1940 (b) 270 H. A. May  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th  
year 1940. hour one minute 20 P. M.

21. I hereby certify that I attended the deceased from April 10  
1940, 19    , to April 18 1940;  
that I last saw her alive on April 8 1940, 19    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) No

(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 R. F. Goodrich M. D. \_\_\_\_\_

Address Washington Mo Date signed 4-19-40

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

MOTHER FATHER

**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 Me

Lester A. Pitt, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Lester A. Pitt  
Licensed Embalmer No. 32154  
P. O. Address Washington, Missouri

**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.**