

FILED FEB 17 1941

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

Do not use this space.

3395

1. PLACE OF DEATH

County Marion
Township Mason
City HannibalRegistration District No. 547
Primary Registration District No. 3029
(No. 118 North Seventh)File No. _____
Registered No. 17
St. 64 Ward _____

2. FULL NAME

John Kaup(a) Residence, No. 118 North Seventh Ward 0
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Kaup6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 18577. AGE YEARS 83 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Alexandria (STATE OR COUNTRY) Missouri13. NAME John Kaup14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Mary Kaup16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Mrs. Mary Gentry (ADDRESS) 118 North Seventh

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Olivet DATE 1/14/4119. UNDERTAKER Crawford Smith (ADDRESS) 902 Broadway20. FILED Jan. 7 1941 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from

12/16, 1940, to 1-2-41, 1941I last saw him alive on Jan 1st Death is saidto have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

General Debility of old age, about chr. urinary tract infection 10 yrs

Other contributory causes of importance:

Name of operation None What test confirmed diagnosis clinical laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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? NO

If so, specify _____

(Signed) J. E. Sultzman J. M. D.(Address) Hannibal Mo.

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.

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This body was embalmed by *James A. Moles*

License Number 3296

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 9395-

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John Kamp

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wed

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Jan day 2
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Debility of old age

Due to Chr. uremian tract infection
Colon Bact.

Due to Hyp. Prostate.

Other conditions _____ (Include pregnancy within 3 months of death) 137a

Major findings:
Of operations _____
Of 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 J. E. Saultzman (M. D. or other) _____

Address Hannibal Date signed _____

SUPPLEMENTARY

