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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29593

ED SEP 14 1943

Registration District No. 263

Primary Registration District No. 6236

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Holstein *Charenton*

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Holstein

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto H. Nienkamp

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, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Sept. 15, 1875

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	17	hr. _____ min.

9. Birthplace near Marthasville Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Louis Nienkamp

13. Birthplace unknown

(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmine Borgman

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Walter Nienkamp

(b) Address Treloar, Mo. R.F.D.

17. (a) Burial (b) Date thereof 8-6-43

(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. Meburg & Co.

(b) Address Warrenton Mo.

19. (a) Aug 2, 1943 (b) Exhal Kehr

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd

year 1943 hour 2 minute 40 p. M.

21. I hereby certify that I attended the deceased from May 1

1939 to Aug 2 1943

that I last saw him alive on Aug 28 1943

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

Immediate cause of death Chronic Nephritis

Due to Hypertension

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

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 131K

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M. Marshall (M. D. or other) m d

Address Marthasville Mo Date signed 8/2/43

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

MOTHER FATHER

1263

(Licensed Embalmer's Statement on Reverse Side)

**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, John T. Heberg  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John T. Heberg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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.**