No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35347

NOV 10 1943

Registration District No. 280 — Primary Registration District No. 5810 — Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Montgomery Co.

(b) City or town: Rhineland, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lo. [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Montgomery Co.

(c) City or town: Rhineland, Mo. Rural 070
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: ~~70 years~~ Germany.

3. (a) PRINT FULL NAME: Henry Overkamp.

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

4. Sex: Male D — 5. Color or race: W — 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Helena Overkamp, — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: May (Month) 4th, (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
91	5	14	..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) — Germany. 4 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: /

FATHER
12. Name: Gerhard Overkamp.
13. Birthplace: Unknown (City, town, or county) — Germany. 4 (State or foreign country)

MOTHER
14. Maiden name: Elisabeth Dickman.
15. Birthplace: Unknown (City, town, or county) — Germany. 4 (State or foreign country)

16. (a) Informant: Ewald Overkamp
(b) Address: Rhineland Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 20th-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Starkenberg, Mo.

18. (a) Signature of funeral director: [illegible]
(b) Address: Americus, Mo.

19. (a) Oct 20-1943 (Date received local registrar) (b) Mrs Frank Overkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 18th year: 1943 hour: 2 minute: P M.

21. I hereby certify that I attended the deceased from Sept 10 1943 to Oct 18 1943 that I last saw him alive on Oct 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: General Paresis — Duration: 2 months
Due to: Senility
Due to:
Other conditions (Include pregnancy within 3 months of death): 30 P
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: O. R. Rauschelbach M. D. ~~Coroner~~
Address: Rhineland Mo Date signed: 10-19-43

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(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, or by D. B. Baker, Registered Apprentice No. ..... working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.