

FILED FEB 9 1944

Registration District No. 262

Primary Registration District No. 6234

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural (Elkhorn) ~~town~~  
(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: 1  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton (Rural) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME August Gerhardt Hintz

3. (b) If veteran, name war: ..... 3. (c) Social Security No. none

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Eugenia 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased November 2, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 17 If less than one day hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name August Hintz

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

14. Maiden name Dorothea Abert

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

16. (a) Informant Mrs. George Kamper

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmonie (Stracks) Cem.

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

(b) Address Warrenton, Mo.

19. (a) Jan 22, 1944 (b) John A. Belcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19  
year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 7 1943 to January 19 1944  
that I last saw him alive on January 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 7 days

Due to .....

Due to .....

Other conditions Enlarged prostate gland and chronic nephritis 5 year

Major findings: Of operations 1316 PHYSICIAN

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 0

23. Signature John A. Belcher (M. D. or other) MD

Address Warrenton, Mo. Date signed Jan 20, 1944

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

MAY 2 1944

**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

*John F. Niebing*

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.