

S. No. 2
M-8-43
5-17-39
D I X37823

FILED JAN 23 1945
Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME John Kernkamp

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

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

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

7. Birth date of deceased November 14th, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Herman Kernkamp

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

14. Maiden name Anna Kemper

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

16. (a) Informant Geo Sternkamp

(b) Address St Charles Co. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director H. A. ...

(b) Address 221 N. 6th St St. Charles, Mo

19. (a) Nov 21, 1944 (b) Conrad E. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural - St. Charles Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th year 1944 hour 3:15 minute 1 M.

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

Immediate cause of death Paralytic Ileus. 24hr.

Due to shock due to fractured

Due to (3) ribs + tract of hips rt side

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

Major findings: Of operations no Of autopsy same as above

Duration

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) Accident

(b) Date of occurrence Nov 14th 1944

(c) Where did injury occur? Intersecting rd #94
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway St Charles Co. Mo.
(Specify type of place) (City or town) (County) (State)

While at work? no (Specify type of place) (City or town) (County) (State)

Means of injury Auto struck

23. Signature W. Erich Schubert (Name) (Title or other)

Address St. Charles Mo. Date signed 11/18/44

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

12
39

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-20-45

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 Arthur C. Bane

Licensed Embalmer No. 31575

P. O. Address St. Charles, 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.