

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUL 11 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

22525

Registration District No. 362 Primary Registration District No. 6234 State File No. \_\_\_\_\_ Registrar's No. 5-8

1. PLACE OF DEATH: Warren  
(a) County Warren  
(b) City or town Rural (Elkhorn twmsp)  
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Sophia Mary Rammelkamp

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 3 year 1946 hour 2:45 minute \_\_\_\_\_ P. M.

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

21. I hereby certify that I attended the deceased from May 31 1946 to June 3 1946 that I last saw her alive on June 3 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Rudolph A. Rammelkamp 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 5, 1852  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy Duration 3 days

8. AGE: Years 93 Months 10 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

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

10. Usual occupation at home

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER } 12. Name Eissele  
13. Birthplace U.S.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Hempel  
(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 6-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.  
(b) Address Warrenton, Mo.

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 \_\_\_\_\_

19. (a) June 5, 1946 (b) Mrs. Gladys Luttmann  
(Date received local registrar) (Registrar's signature)

23. Signature John A. Dyer (M. D. or other)  
Address Warrenton, Mo. Date signed 6-4-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-9-46

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**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 J. Hebling

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.**