

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19924

State File No.

FILED JUN 4 1947

Registration District No. 262

Primary Registration District No. 4531

Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Warrenton
(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 _____ (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Mary Middelkamp
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John H. Middelkamp 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 10, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 1 10 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Herman Gerdemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Rethorst
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Middelkamp
(b) Address 4433 Holly, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 5-22-47 (b) Mrs. Fred Moray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Warrenton
(If outside city or town limits, write "RURAL") 10
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1947 hour 7:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 3
1947 to May 20, 1947
that I last saw her alive on May 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Cardio-Vascular-Renal Disease
Due to _____
Due to _____

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

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____ 2

23. Signature Alvord W. Macfar (M. D. or other) D.O.
Address Warrenton, Mo. Date signed 5/30/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 1947

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. Lieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, Ore

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.