

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JAN 7 1948

Registration District No. **1771**

Primary Registration District No. **5639**

Registrar's No. **24**

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

1. PLACE OF DEATH  
 (a) County **Lafayette**  
 (b) City or town **Rural—Washington Twns.**  
(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 **15 Yrs.** (Specify whether years, months or days)  
 In this community **15 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George W. Kamm**  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**  
 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 **Dec. 21 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**79 10 20** hr. min.

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

10. Usual occupation **Farmer**

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

MOTHER FATHER

12. Name **Not Known**  
 13. Birthplace \_\_\_\_\_ **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hattie Brown**  
 (b) Address **Odessa, Mo**

17. (a) **Burial** (b) Date thereof **Nov. 13, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Odessa, Mo Cemetery**

18. (a) Signature of funeral director: **Husman-Sparks**  
**Odessa, Mo.**  
 (b) Address \_\_\_\_\_

19. (a) **Dec. 1/1947** (b) **Letta Drummond**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Lafayette** **54**  
 (c) City or town **Rural** **5**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4 Mile East of Odessa** **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 **November** day **11**  
 year **1947** hour **5** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Nov. 9,** 19 **47** to **Nov. 11**, 19 **47**  
 that I last saw him alive on **Nov. 10.**, 19 **47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pneumonia (Hypostatic)**  
**Rt. lung**  
 Due to **Infect of Rt. lung**  
 Due to **myocarditis**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations **90**  
 Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
 (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 **W. H. Roberts** (M. D. or other) **0**  
 Address **Odessa, Mo** Date signed **11/17**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-5-48

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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 William T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Oessa, 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.**