No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3943

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 39 40

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 N. Glenwood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 109 N. Glenwood Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country: ____

3. (a) PRINT FULL NAME: HELEN KAMPSCHMIDT.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dr. A.W. Kampschmidt
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 6 (Month) - 16 (Day) - 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	16	____ hr. ____ min.

9. Birthplace: Boone County (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
MOTHER FATHER
12. Name: Samuel Again
13. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Elizabeth McPhearson
15. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Dr. A.W. Kampschmidt
(b) Address: 109 N. Glenwood Ave., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 2-5-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 30 1947 to Feby 1st 1948 and that I last saw he alive on Feby 1st 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to: Chronic valvular heart
Due to: Rheumatic fever
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? ____ (Specify type of place)
While at work: ____ (e) Means of injury: ____
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 2-5-48

(Licensed Embalmer's Statement on Reverse Side)

Date Filed FEB 13 1948

APR 6 1949

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 W. V. Whelesides

Licensed Embalmer No. 3893

P. O. Address Columbia M

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.