

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1949

State File No. 3726

BIRTH NO.		REG. DIST. NO. 330		PRIMARY REG. DIST. NO. 61120		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, KENSO TWP.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-KENSO TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME MISSOURI LTD				d. STREET ADDRESS (If rural, give location) 1 MI SOUTH OF ILLMO			
3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH b. (Middle) HEINRICH c. (Last) EIFERT			4. DATE OF DEATH (Month) (Day) (Year) JAN 6 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 3, 1868	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 16		11. IF UNDER 2 HRS. Hours 3		12. IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) DARMSTADT, GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY KEMPEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. [check]		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rudolph Eifert			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 1 yr
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic myocarditis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Dementia					
		DUE TO (b) DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION - 42 1/2					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 19, 1948 to June 6, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 2 A.M., from the causes and on the date stated above.							
23a. SIGNATURE W. F. Dorman, M.D. (Degree or title)				23b. ADDRESS Illinois, Mo		23c. DATE SIGNED 1-9-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 9, 1949		24c. NAME OF CEMETERY OR CREMATORY LUTHERAN		24d. LOCATION (City, town, or county) (State) ILLMO MISSOURI	
DATE REC'D BY LOCAL REG. 1-9-49		REGISTRAR'S SIGNATURE W. F. Dorman		- 300		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Illinois, Mo	

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

RECEIVED

District Health Office No. 2

District File Number 149-21

Date Filed 1-13-49

MAR 2 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Oliver C. Amick*

Licensed Embalmer No. 4470

P. O. Address *Illmo, 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.