

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14659

BIRTH NO. _____		REG. DIST. NO. <u>364</u>		PRIMARY REG. DIST. NO. <u>4533</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Elkhorn)</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>East of Warrenton</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Kamper</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>26,</u>		(Year) <u>1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Mar. 8, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>18</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Kamper</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Middelkamp</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Kamper, Warrenton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						491K	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? <u>ADDITIONAL</u> <input checked="" type="checkbox"/> <u>SUPPLEMENTARY</u> <input type="checkbox"/> <u>INFORMATION REQUESTED</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 12<sup>th</sup>, 1949</u> , to <u>April 26, 1949</u> ; that I last saw the deceased alive on <u>April 26, 1949</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. W. Brandt M.D.</u>				23b. ADDRESS <u>5285 W. Chouteau</u>		23c. DATE SIGNED <u>April 28</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Strack's Church Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warren County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. W. Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Nieburg &amp; Co.</u>		ADDRESS <u>Warrenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAY 20 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 *John Schieburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.