

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4456

State File No.

360
1

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

BIRTH NO. _____ REG. DIST. NO. 115- PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> <u>0360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R. R. ... 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R.</u>			
3. NAME OF DECEASED a. (First) <u>A. B.</u> b. (Middle) <u>Wilhelmine</u> c. (Last) <u>Holtgreive</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 25th 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 23rd 1866</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Beaufort Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Herman Kampschmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Harwig</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Holtgreive</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) 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>1935</u> to <u>2.25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>24</u> , 19 <u>50</u> , and that death occurred at <u>11:40 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Lenny H. Hill</u> (Degree or title)		23b. ADDRESS <u>W. 101 Mo</u>	23c. DATE SIGNED <u>2.25/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 27-1950</u>	REGISTRAR'S SIGNATURE <u>F. T. Cooper</u>	98	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. F. Osterman Union Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____
District Health Officer No. 91
RECEIVED MAR 3 1950

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.

Signed E. F. Oltman

Signed _____
Student Embalmer

Licensed Embalmer No. 1686

P. O. Address Union 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.