

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 19

1. PLACE OF DEATH
 a. COUNTY **Moniteau**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Tipton**
 c. LENGTH OF STAY (in this place) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **No street numbers - home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Moniteau**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Tipton**
 d. STREET ADDRESS (If rural, give location) **No street numbers**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Victor** b. (Middle) **H.** c. (Last) **Kammerich**
 4. DATE OF DEATH (Month) (Day) (Year) **8/5/1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May, 23, 1909** 9. AGE (In years last birthday) **41** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Presser** 10b. KIND OF BUSINESS OR INDUSTRY **Pants Factory** 11. BIRTHPLACE (State or foreign country) **Cooper County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry J. Kammerich** 13b. MOTHER'S MAIDEN NAME **Anna Hainen** 14. NAME OF HUSBAND OR WIFE **Lillie Kammerich**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **487-09-2579** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Lillie Kammerich (Wife) Tipton, MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis**
 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.
 INTERVAL BETWEEN ONSET AND DEATH **3 hrs**
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 19c. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8/5, 1950**, to **8/5, 1950**, that I last saw the deceased alive on **8/5, 1950**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. J. Potts M.D.** 23b. ADDRESS **Tipton Mo** 23c. DATE SIGNED **9/7/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/8/1950** 24c. NAME OF CEMETERY OR CREMATORY **Catholic Cemetery** 24d. LOCATION (City, town, or county) (State) **Tipton, Missouri**

DATE REC'D BY LOCAL REG. **8-9-1950** REGISTRAR'S SIGNATURE **Mrs. Maude Hudson** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J. E. Richards Tipton, MO**

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

680-1-680

RECEIVED
DISTRICT HEALTH OFFICE No.
District File Number
Date Filed

8-17-50

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466

P. O. Address Lipton, 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.

James E. Richards