

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32764

BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 54.33		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Franklin	
b. CITY OR TOWN Rural Union		c. LENGTH OF STAY (If this place) Life		c. CITY OR TOWN Rural Union		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Union R#1.				360	
3. NAME OF DECEASED (Type or Print) a. (First) Henry J.			b. (Middle) Kampschmidt			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1955			5. SEX M			6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M			8. DATE OF BIRTH Jan 4 1869			9. AGE (In years last birthday) 86			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Beaufort Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Herman Kampschmidt			13b. MOTHER'S MAIDEN NAME Adilamina Farwig			
14. NAME OF HUSBAND OR WIFE Eliza Kampschmidt			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 Hubert H Kampschmidt			ADDRESS Union R#1.			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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
19. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm			21c. (CITY, TOWN, OR TOWNSHIP) Union (COUNTY) Franklin (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21 1955 m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR Accidentally fell in pond.			
22. I hereby certify that I attended the deceased from _____ 19, to _____ 19, that I last saw the deceased alive on _____ 19, and that death occurred at 9:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____			23b. ADDRESS _____			23c. DATE SIGNED Oct 21 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Oct 24 1955			24c. NAME OF CEMETERY OR CREMATORY Jordan Evans			
24d. LOCATION (City, town, or county) Jefferson Mo			24e. STATE Mo			25. FUNERAL DIRECTOR'S SIGNATURE E H Temme			
25. ADDRESS Beaufort Mo			DATE REC'D BY LOCAL REG. Oct 22 55			REGISTRAR'S SIGNATURE H T Cooper			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

13

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 E. H. Jerome, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E H Jerome

Licensed Embalmer No. 3

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.