

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

REV. 6-17-39 I XISSI

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 29991

Registration District No. 882

Primary Registration District No. 4535

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Warren (b) City or town Wright City Mo. (c) Name of hospital or institution (d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 2 1/2

3. (a) PRINT FULL NAME Elizabeth Margaret Middlekamp (b) If veteran name war (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single (b) Name of husband or wife (c) Age of husband or wife if alive years 7. Birth date of deceased May 21 1853 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Warren Co. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper for self

11. Industry or business 12. Name John Middlekamp 13. Birthplace Germany (City, town, or county) (State or foreign country) 14. Maiden name Adelschick 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Custer (b) Address Wright City, Missouri

17. (a) Burial (b) Date thereof 8-20-1940 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Harmonic Church

18. (a) Signature of funeral director Nebraska F.U.C. (b) Address Wright City Mo.

19. (a) (b) Julius Neuberg (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren (c) City or town Wright City (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1940 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 1939 to August 1940 that I last saw her alive on August 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis Hypertensive Disease Duration 4 days

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature (Address) Wright City, Mo. Date signed 8/19/40

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**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~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Julius J. Nieburg*

Licensed Embalmer No.....

*3366*

P. O. Address.....

*Wright city, 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, above space should be left blank.**