

No. 2
-13-40
-17-39
X23159

JAN 13 1941

Registration District No. **213**

Primary Registration District No. **5293**

Registrar's No. **336**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City - Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. # 2,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years.
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City,
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. # 2,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Henry Dampf

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Conradina Dampf 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 28, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 20 hr. min.

9. Birthplace Russellville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dairyman

11. Industry or business Dairy.

MOTHER FATHER } 12. Name Jacob Dampf

13. Birthplace Lohman, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kremer

15. Birthplace Osage Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Dampf

(b) Address Rt. #2, Jeff City, Mo.

17. (a) Burial (b) Date thereof Dec. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter, Jeff City

18. (a) Signature of funeral director John F. Hennrich

(b) Address Jefferson City, Mo.

19. (a) 12-20-40 (b) D. W. B. of M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1-8
year 1940 hour 112 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-6-1940 to 12-18-1940
that I last saw him alive on 12-16-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disease, Chronic
Valvular - Mitral

Due to _____
Due to 12/1

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Chr. Nephritis

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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? _____

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

23. Signature D. W. B. of M. D. (M. D. or other) ! M. D.
Address Jeff. City, Mo. Date signed 12/20/40

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

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.....

Albert E White

Licensed Embalmer No.....

4168

P. O. Address.....

712 E. 2 Light

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

J. J. Kelly