

S. No. 2
M-9-4-41
NY 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17311

State File No. _____

Registrar's No. _____

FILED JUN 15 1943 25

Registration District No. _____

Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South 4th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rich Hill Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. So. 4th St. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Damm

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Damm 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 0 8 hr. min.

9. Birthplace Milwaukee Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Oscar Heinrich
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Becca Damm

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof 4 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Pond & Reavley
(b) Address Rich Hill Mo.

19. (a) May 8 1943 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1943 to _____, 1943 that I last saw him alive on _____, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
93d

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? _____

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

23. Signature James Kallen (M. D. or other) _____
Address Rich Hill Mo Date signed 7 24 43

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

RECEIVED

Public Health Officer No. 7,

Public File Number 5-43-462

Date Filed 6-7-43

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 Lo E. Cullen

Licensed Embalmer No. 2576

P. O. Address Bethesda, Md

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.