

S. No. 2  
M-5-42  
v. 5-17-39  
P-1 X32873

31630

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 12 1945  
Registration District No. 378

Primary Registration District No. 4552 6285

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County WRIGHT COUNTY  
(b) City or town Mountain Grove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 YEARS (Specify whether years, months or days)

3. (a) PRIOR FULL NAME John R. Kamm

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

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

6. Name of husband or wife Sadie Elizabeth Kamm (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 11, 1863 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Cleveland, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jacob Lewis Kamm

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

14. Maiden name Elizabeth Kamm

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Sadie Elizabeth Kamm

(b) Address Mountain Grove, Mo.

17. (a) BURIAL (b) Date thereof ? (Month) (Day) (Year)

(c) Place: burial or cremation Nebraska City, Neb.

18. (a) Signature of funeral director W. J. Barber

(b) Address Mountain Grove, Mo.

19. (a) 9-18-45 (b) A. B. Amis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(g) State Missouri (b) County Wright  
(c) City or town Mountain Grove (If outside city or town limits, write "RURAL.")  
(d) Street No. RURAL (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1945 hour 6:00 Date A M.

21. I hereby certify that I attended the deceased from Sept 1 - 1944 to Sept. 17 - 1945  
that I last saw him alive on Sept 15 - 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lungs Duration

Due to .....

Due to .....

Other conditions Cancer of face  
(Include pregnancy within 3 months of death)

Major findings: Of operations H78

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 A. B. Amis (M. D. or other)

Address Mountain Grove, Mo. Date signed 9-17-45

1587

(Licensed Embalmer's Statement on Reverse Side)

**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.....

*L. A. Rauf*

Licensed Embalmer No.....

*3044*

P. O. Address.....

*Springfield, 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.**