

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41077

Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 882
 (b) Township Hickory Grove Primary Registration District No. 6174
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 29 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 19

2. PRINT FULL NAME JOHN FREDERICK DRIEMEYER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Minnie Driemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1865

7. AGE YEARS 74 MONTHS 1 DAYS 8
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wright City, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Henry Driemeyer

14. BIRTHPLACE (CITY OR TOWN) Wright City
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Johanna Wessel

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Blarance Driemeyer
 (ADDRESS) Wright City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City, Mo DATE Nov, 18, 1939

19. FUNERAL DIRECTOR (NAME) Gret D. Lichtenberg
 (ADDRESS) Marshallville Mo

20. FILED 11/17, 1939 Julius Diebing
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1929, to Nov 15, 1939

I last saw him alive on Nov 1, 1939. Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
chronic nephritis with
edema
 Other contributory causes of importance: 121

Date of onset

1929
1930

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) H. H. Chubb, M. D.
 (Address) Marshallville Mo

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.

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

Fred W. Lichtenberg

Licensed Embalmer No. *321*

P.O. Address, *Martha'sville, Va.*

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.