

DEC 29 1941 213

Registration District No. \_\_\_\_\_

Primary Registration District No. 3014

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hospital 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

3. (a) PRINT FULL NAME Mike Niemeyer

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day:
about 60				hr. min.

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

10. Usual occupation Farm Hand

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Niemeyer 4  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Vogel  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Miller  
 (b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-8-1941  
(Burial, cremation, or re-removal) (Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetery

18. (a) Signature of funeral director Thos J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Nov. 10 1941 (b) Thomas Dickler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
 (c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #2 0  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_ 1941 to \_\_\_\_\_ 1941  
 that I last saw him alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuber  
Pneumonia  
Bacterial

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Stricture of  
urethra, retention  
 Of operations \_\_\_\_\_  
 Of autopsy of wound

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) (e) Means of injury

23. Signature J. B. Bruce (M. D. or other) MD  
 Address Jefferson City Date signed 11/5/41

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

6  
 5  
 4

811

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**