

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural- Lyon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Her residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community entire life (Specify whether years, months or days)

3. (a) PRINT MOLLIE JOHANNA NIEDERGERKE
FULL NAME

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hugo 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JUNE 22 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Rural- Lyon Township
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business housekeeping

MOTHER FATHER { 12. Name Louis Welter
13. Birthplace Holstein, Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Charlie Wiemann
15. Birthplace New Haven, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Niedergerke
(b) Address New Haven, Mo R.F.D.

17. (a) Burial (b) Date thereof 12 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Conv. Cemetery

18. (a) Signature of funeral director Benson
(b) Address Benson

19. (a) 12-29-41 (b) J. H. Matthews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. South of New Haven, Mo
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 15
19 41 to Dec. 26, 19 41;
that I last saw her alive on Dec. 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Influenza

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 336
Of autopsy.....

Duration

12/24/41-12/26

12/15/41-12/23

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 G. W. Held D.O. (M. D. or other) J
Address New Haven, Mo. Date signed 12/27/41

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

NOV 20 1957

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 Herman Blumner

Licensed Embalmer No. 528

P. O. Address Buena, 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.