

FILED MAR 19 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 61

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:  
600 East High Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
In this community... 50  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole  
(c) City or town... Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No... 600 East High Street  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Franz Henry Nierman

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

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

6. (b) Name of husband or wife... Lena Nierman 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased... December 18 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	2	8	hr. min.

9. Birthplace... St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... Retired Shop Foreman

11. Industry or business...

MOTHER FATHER { 12. Name... Franz Henry Nierman

13. Birthplace... St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name... Catherine Louise Schiermier

15. Birthplace... St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Lena Nierman

(b) Address... Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-28-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... River View Cemetery

18. (a) Signature of funeral director... Shop & Garden

(b) Address... Jefferson City, Missouri

19. (a) 2-28-42 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1942 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Feb 20 1942 to Feb 26 1942 that I last saw him alive on Feb 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death... Anemia

Due to... Chronic Nephritis

Due to... Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations... 1318

Of autopsy... 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) (b) Means of injury

23. Signature... [Signature] (M.D. or other) Address Jefferson City Mo Date signed 2-28-42

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

**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 P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City, 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.**