

FILED MAR 13 1942

Registration District No. _____

Primary Registration District No. 5299

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bunceton, (Rural Kelly Twp)
(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 _____ (Specify whether _____)
In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Bunceton (Rural) Kelly Twp 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country Native

3. (a) PRINT FULL NAME Frank William Niermeyer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 27th.
year 1942 hour 1 minute 2 P. M.

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

6. (b) Name of husband or wife Minnie Niermeyer 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August, 6, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 25, 1942 to Feb 27 - 1942
that I last saw him alive on Feb. 27 - 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Angina Pectoris about 2 hours

Due to (?) 948

Due to _____

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

Other conditions Hypertension
(Include pregnancy within 6 months of death)

10. Usual occupation Farmer

11. Industry or business Farm

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

12. Name Chris Niermeyer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Broschel

15. Birthplace Salisbury, Missouri 11
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Stahl

(b) Address Atterville Mo.

17. (a) Removal (b) Date thereof 2-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Missouri

18. (a) Signature of funeral director James E. Dickson

(b) Address Lepton, Mo.

19. (a) Feb-28-1942 (b) Mrs. W. C. Patten
(Date received local registrar) (Registrar's signature)

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 Roseley (M. D. or other) _____
Address Bunceton, Mo. Date signed 2/28/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-11-42

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Cipton 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.