

Registration District No. **FILED APR 30 1942**

Primary Registration District No. **54204182**

Registrar's No. **14**

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

1. PLACE OF DEATH:
 (a) County **Gasconade**
 (b) City or town **Hermann**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Workman Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Week**
 In this community **1 Week** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ed Nivers**
 3. (b) If veteran, name war **Unknown**
 3. (c) Social Security No. **Unknown**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Unknown**
 6. (b) Name of husband or wife **Unknown**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Unknown**

8. AGE: Years **About 70** Months **-** Days **-** If less than one day hr. min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business _____

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Hugo H. Blumer**
 (b) Address **Hermann, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr 1 '42** (Month) (Day) (Year)

(c) Place: burial or cremation **Gasconade Co. Farm**

18. (a) Signature of funeral director **Hugo H. Blumer**
 (b) Address **Hermann, Mo**

19. (a) **April 1-1942** (Date received local registrar) (b) **A. H. Sessler** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Gasconade**
 (c) City or town **Rural** (If outside city or town limits, write "RURAL")
 (d) Street No. **Near Rosebud, Mo** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **Unknown** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3** day **28** year **42** hour **10:30** minute **0** M.

21. I hereby certify that I attended the deceased from **3-26-42** to **3-28-42** that I last saw him alive on **3-28** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **926**
 Of autopsy _____

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 **Howard Workman** (M. D. or other) _____
 Address **Hermann** Date signed **3-31-42**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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
.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.