

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community 4 days years, months or days)

3. (a) PRINT FULL NAME Arnest Bieseimeier

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex Male 0 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: March 21 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 26 If less than one day  
hr. min.

9. Birthplace Gosconade, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Fritz Bieseimeier  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Codine Bicker  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Bieseimeier  
(b) Address Chamois, Missouri

17. (a) Burial (b) Date thereof June-21-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison, Missouri

18. (a) Signature of funeral director Otto Stapsch

(b) Address Chamois, Missouri

19. (a) 6-19-44 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gosconade Co  
(c) City or town Morrison, Missouri 37  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 10 1944 to June 18 1944  
that I last saw him alive on June 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Thrombosis  
& Ecephalomalacia  
Due to Chronic nephritis & nitrogen retention  
Due to arteriosclerosis  
Other conditions (include pregnancy within 3 months of death)  
Major findings: 1316  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_  
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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. A. Osmond, M.D. (M. D. or other)  
Address Jefferson City Date signed 6-19-44

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

26-5-4

MOTHER FATHER

JUN 22 1944

AUG 7 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-20-44

**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 Frank P. Diller  
Licensed Embalmer No. 3890  
P. O. Address Jeff 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.**