

FILED JUN 14 1945
Registration District No. 79

Primary Registration District No. 5380

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town CLARKSDALE - Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 1/2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County De Kalb
(c) City or town CLARKSDALE Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME FRED W. NIEMON
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1945 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4-9
....., 1945, to 4-16, 1945

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife ALICE BOYER NIEMON 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased: Sept 4 1867
(Month) (Day) (Year)

that I last saw him alive on 4-16, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death:

8. AGE: Years 77 Months 7 Days 15 If less than one day
..... hr. min.

Pulmonary Edema
Due to Acute Myocarditis
Due to

9. Birthplace: Penn
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions: ..
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ..
Of autopsy: WIC

11. Industry or business Farming
12. Name Fredrick W. Niemon
13. Birthplace Praussia
14. Maiden name Elizabeth Kuchlychick
15. Birthplace Germany

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?
(Specify type of place)
While at work? .. (c) Means of injury ..

16. (a) Informant Mrs. F. W. Niemon
(b) Address CLARKSDALE MO.
17. (a) Burial (b) Date thereof April 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborn - Mo.
18. (a) Signature of funeral director John Clark
(b) Address Steeleville Mo.
19. (a) April - 20 - 1945 (b) John Clark
(Date received local registrar) (Registrar's signature)

23. Signature D. D. Runkel (M.D. or other) DB
Address Stewartville Date signed 4/20/45

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 F. G. Ryan

Licensed Embalmer No. 952

P. O. Address Stewartville, Missouri

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.