S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18465

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elkhorn township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paul H. Niehuss

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male D

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Boehmer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 8, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	25	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Niehuss
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Drunert
15. Birthplace Warren County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Martin C. Niehuss
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 5-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Niebing & Co.
(b) Address Warrenton, Mo.

19. (a) May 6 1945 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from April 1st, 1945, to May 3, 1945, that I last saw him alive on May 2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Insufficiency	10 Days
Due to Chronic Myocarditis and a Pronounced	5 or 6
Due to Mitral Lesion	Years

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

Major findings:
Of operations ✓
Of autopsy ✓

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

(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? (e) Means of injury 0

23. Signature John A. Dyer (M. D. or other)
Address Warrenton Mo Date signed 5/5/42

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-5-45

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 John E. Herlinger, Registered Apprentice No. 375, working under my personal supervision.

Signed John F. Lieberg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.