

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED DEC 17 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40066
Do not use this space.

1. PLACE OF DEATH
(a) County Dade ⁹³ Registration District No. 93
(b) Township Lockwood Primary Registration District No. 4153 Registered No. 874 ⁷¹
(c) City Lockwood (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helena Maria Amalia Nieman
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of H.A. Nieman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Wisconsin

13. NAME John Guedis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Necklinburg Germany

15. MAIDEN NAME dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

17. INFORMANT (ADDRESS) Laura Nieman Lockwood, MO

18. BURIAL, CREMATION, OR REMOVAL Burial
Immanuel Lutheran Cem DATE Dec 8 46

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. L. Haunschild Lockwood Missouri

20. FILED Dec 6 1946 Geo. R. Weyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1946

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1946 to Dec 3 1946

I last saw h. de alive on Dec 2 1946 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
(Chronic and unspecified
congestion of the lungs)
(III-C)

Date of onset

Nov 24
1946

Other contributory causes of importance: III-C
162 B - Senility without
mention of senile dementia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____ 2

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) P. S. W. Weygardner, M.D.
(Address) Lockwood, MO.

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 *R. L. Hanschild*.....

Licensed Embalmer No. *3234*.....

P. O. Address *Lackwood, 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, above space should be left blank.