

FILED APR 5 1951

STANDARD CERTIFICATE OF DEATH

8968

State File No.
Registrar's No. 111

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give ORL TOWN Rural Blue	c. LENGTH OF STAY (In this place) 6 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR 3		d. STREET ADDRESS (If rural, give location) RR 3, Box 130 (Rural)	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Henry c. (Last) Niemeyer	4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1951
---	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 10, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR: Months	IF UNDER 1 YEAR: Days	IF UNDER 1 YRS. Hours	IF UNDER 1 YRS. Min.
-------------	------------------------	---	--------------------------------	------------------------------------	-------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk	10b. KIND OF BUSINESS OR INDUSTRY MOP Ry. Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	----------------------------------

13a. FATHER'S NAME Charles Niemeyer	13b. MOTHER'S MAIDEN NAME Sophia Mueller	14. NAME OF HUSBAND OR WIFE none
-------------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John E. Niemeyer, Independence, Mo.	ADDRESS
--	------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnutrition</u> DUE TO (c) _____		<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>m</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Independence, Mo. (COUNTY) (STATE)
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 10-29, 1950, to Mar 20, 1951, that I last saw the deceased alive on Mar 20, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Niemeyer, M.D.</u>	23b. ADDRESS <u>129 W Lexington Independence, Mo.</u>	23c. DATE SIGNED <u>3-22-51</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Mar 22, 1951	24c. NAME OF CEMETERY OR CREMATORY <u>Russellville, Arkansas</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville, Ark.</u>
---	------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Mar 22-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	ADDRESS <u>Independence, Mo.</u>
---	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1957

APR 5 1957

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Schroeder.....

Licensed Embalmer No. 4741.....

P. O. Address Independence, 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.