

S. No. 2
1-14-41
7. 5-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3735

State File No. _____

FILED FEB 13 1943

Primary Registration District No. 6234

Registrar's No. 4

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural-Elkhorn Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elkhorn Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William George Driemeier

20. DATE OF DEATH: Month January day 17
year 1943 hour 8 minute 30 P. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from July 1 1942, to January 17 1943:
that I last saw him alive on November 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Chronic nephritis Duration 6 years

6. (b) Name of husband or wife Caroline Driemeier 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 4 1860
(Month) (Day) (Year)

Due to enlarged prostate gland 6 years

8. AGE: Years 82 Months 4 Days 13
If less than one day _____ hr. _____ min.

Due to Senility

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Henry Driemeier

PHYSICIAN
Underline the cause to which death should be charged statistically.

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Wessel

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. G. Driemeier

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 1/20/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) Jan 21 1943 (b) John A. Belvermerer
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John A. Dyer (M. D. or other) _____
Address Warrenton, Mo. Date signed 1/20/43

1264 (Licensed Embalmer's Statement on Reverse Side)

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

John F. Weiberg

Licensed Embalmer No.

3897

P. O. Address

Warrenton, Or

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.