WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16272

File No. 2065

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 3[illegible]

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3133 Summit St. Ward)

2. FULL NAME Emil R. Niedermeyer

(a) Residence, No. 3133 Summit St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Coach

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpender

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) Germany

FATHER

13. NAME August Niedermeyer

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

MOTHER

15. MAIDEN NAME Jolanna Leipker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward Niedermeyer 3133 Summit

18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral Hill Cem DATE May 24, 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED May 28, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1931, to May 20, 1932

I last saw him alive on May 20, 1932 Death is said to have occurred on the date stated above, at 11:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta	Before May 1931
96	

Other contributory causes of importance: ①

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ward A. Lemard M. D.

(Address) 3232 Summit St.

32 32 [illegible] — 90 1523