REC'D MAR 13 1939

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

7165
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 42
(c) City Hannibal — (d) Street No. 1104 Park Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Nietiedt
(a) Residence, No. 1104 Park Ave. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Stillborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stillborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Stillborn
7. AGE — YEARS: Stillborn — MONTHS: ----- — DAYS: ----- — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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): Hannibal 0 — Missouri 0

FATHER
13. NAME: Ernest F. Nietiedt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal 1 — Missouri

MOTHER
15. MAIDEN NAME: Mary Pettit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Ernest F. Nietiedt, 1104 Park Ave., Hannibal, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Olivet DATE: 2/1, 1939
19. FUNERAL DIRECTOR (ADDRESS): Smith Funeral Home, Hannibal, Missouri
20. FILED: Feb 1, 1939 — H. C. Fisher, Local Registrar. 48

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-31, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1939, to 1-31, 1939
I last saw ~~h~~ still born alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:
Don't know — Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) W P Birney, M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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Ex. Birney

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STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Charles Louis Quest, Registered Apprentice No. 150

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

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.)