

REC'D JUL 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette

Registration District No. 960

File No. 22493

Township Davis

Primary Registration District No. A27A

Registered No. 39

City Higginsville, Mo.

St. Ward)

Frederick H. Niemeyer

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-4-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 84 4 11

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

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

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

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Alfred Keppner Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 6-3-1939

19. UNDERTAKER (ADDRESS) Hoefler & Meinershagen Higginsville Mo.

20. FILED July 31 1939 Tiffney Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-1939

22. I HEREBY CERTIFY, that I attended deceased from 37 to June 3, 1939

I last saw him alive on June 1, 1939. Death is said to have occurred on the date stated above, atm.

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

Arterio sclerosis - many years

Apoplexy - Central Hemiplegia May 25-1939

Other contributory causes of importance: Chronic Valvular Disease - many years

Name of operation None

What test confirmed diagnosis? Physical 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

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

If so, specify. (Signed) A. Keppner Higginsville, Mo. M. D.

413 (Address)

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

MARLIN RESERVED FOR BINDING

V. S. NO. 2
FORM-10-22-36
U.S. G. P. O. I X9314

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.

Enmalmed by Licened embalmer for Hoefer & Meinershagen
By Roy Wieggers. License No.

Harold Meinershagen
AWA

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/2/39