S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22332

State File No.

JUL 15 1940

Registration District No. 589 Primary Registration District No. 9 0 5787a Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Montgomery Co

(b) City or town Rural Highhill Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bloomsburg Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 60 years years, months or days) 155

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural High hill Mo (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN HENRY NIERMANN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife amelia Niermann

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb (Month) 5 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace Warren Co (City, town, or county) Mo (State or foreign country) 6

10. Usual occupation Farmer 6

11. Industry or business 6

FATHER
12. Name Herman Niermann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pollman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amelia Niermann

(b) Address High hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mt Pleasant Cemetery

18. (a) Signature of funeral director J A Marlow

(b) Address Montgomery City Mo

19. (a) June 29-1940 (Date received local registrar) (b) Mary Lou Plumer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from June 19, 1940, to June 27, 1940; that I last saw him alive on June 19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis with Decompensation	?
Due to Generalized Arteriosclerosis	?
Due to	
Other conditions Psychosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 93 C

Of autopsy

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? 887 no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature E. J. T. Andersen (M. D. ~~or other~~) M.D.

Address Montgomery City, Mo Date signed 6/24/40

(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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.