

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.

1. PLACE OF DEATH:
 (a) County Platte County
 (b) City or town Farlev
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Farlev Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Farlev, Missouri
 (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. 57 years

3. (a) PRINT FULL NAME Mary Elizabeth Niemann
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 6th
 year 1940 hour 2: minute :55 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Ernest Henry Niemann
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased November 1, 1862
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 21
 1940 to Oct 6, 1940
 that I last saw her alive on Oct 6, 1940
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>3</u>	<u>-- hr. -- min.</u>

Immediate cause of death
Cardio-renal
Syndrom
 Due to Chronic nephritis 4 yrs
 Due to Chronic nephritis 2 yrs
 Other conditions Low grade arteriosclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace Province Fenover, Germany
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

Major findings:
 Of operations no
 Of autopsy no
 PHYSICIAN
 Underline the cause to which death should be charged statistically

11. Industry or business _____
 12. Name Ludwig Lutte
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Fulling
 (City, town, or county) (State or foreign country)
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Niemann
 (b) Address Farlev, Missouri
 17. (a) Removal (b) Date thereof Oct. 8 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Farlev, Missouri
 18. (a) Signature of funeral director J. C. Davis and Co.
 (b) Address Leavenworth, Kansas
 19. (a) Oct 8 (b) Mrs. A. E. Frankland
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no
 (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?
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 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. R. Camp (M. D. or other) _____
 Address Leavenworth, Kansas Date signed 6-7-40

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 Arthur F. McChere

Licensed Embalmer No. 3931

P. O. Address.....

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, above space should be left blank.