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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1940

FILED NOV 2 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34783

Registration District No. 16 Primary Registration District No. 5110B-40481 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Hartsburg, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hartsburg, Mo.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Anna Caroline Niemeyer

3. (b) If veteran, name war ---------

3. (c) Social Security No. ------

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Niemeyer

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 7, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	10	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ----------

FATHER
12. Name Louis Hilgedick
13. Birthplace Marthasville, Warren, Co. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hilgedick Bruno
15. Birthplace Marthasville, Warren, Co. (City, town, or county) (State or foreign country)

16. (a) Informant Henry Niemeyer
(b) Address Hartsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hartsburg, Mo.

18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City Mo.

19. (a) Nov 19 40 (Date received by registrar) (b) H. A. Niemeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-17 day 1940
year 7 hour 35 minute R M.

21. I hereby certify that I attended the deceased from 11-17-1940, 19__, to 11-17-, 1940
that I last saw her alive on 11-17-, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. P. Megee (M. D. or other)
Address Hartsburg Mo Date signed 11-19-40

(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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C., Mo.

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

If this body is not embalmed, fact should be so stated above.

No. 2B
-2-21-40
oI X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34783

Registration District No. 76 Primary Registration District No. 4044 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Anna Caroline Niemeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4/14-1944 (Date received local registrar) (b) H. A. Niemeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year 1940 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. P. Meyer (M. D. or other)

Address Hartsburg Mo Date signed

150
250
140

540

$$6\overline{)143}$$

25.00

[illegible]