S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35279

Registration District No. 305 — Primary Registration District No. 4184 — Registrar's No. 31

1. PLACE OF DEATH:

(a) County GASCONADE

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

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

(d) Length of stay: In hospital or institution 20 (Specify whether years, months or days)

In this community 2 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town OWENSVILLE (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME WILHELMINA CAROLINA BARBERA NIEWALD

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased OCT. (Month) 21 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace DRAKE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

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

MOTHER
14. Maiden name AMELIA ROESSING
15. Birthplace [redacted] (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant William Niewald

(b) Address Owensville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-13-1940 (Month) (Day) (Year)

(c) Place: burial or cremation DRAKE LOTHERAN CEM.

18. (a) Signature of funeral director W. F. Gottenstreiter

(b) Address Owensville Mo

19. (a) 10-15-40 (Date received local registrar) (b) Seth S. Barnes M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 12 year 1940 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 19, 1940, to Oct. 12, 1940; that I last saw her alive on Oct. 12, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis with Myocardial Degeneration	5 yrs.
Due to	
Due to	
Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	2 yrs.

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? 928 (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul A. Brenner (M. D. or other) MD

Address Owensville, Mo. Date signed 10-14-40

(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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford W. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

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.