

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 313

1. PLACE OF DEATH:  
 (a) County Callaway  
 (b) City or town Fulton Mo. P. H.  
 (c) Name of hospital or institution: State Hospital No 12  
 (d) Length of stay: In hospital or institution 9-29-1941  
to 11-11-1941 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Warren  
 (c) City or town Warrenton Mo  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew J. Niatt  
 (b) If veteran, name war S. R. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 11  
 year 1941 hour 6:15 minute A. M.

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased OK  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-1-1941 to 11-11-1941  
 that I last saw him alive on 11-10-1941  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
Approx 83 OK OK hr. min.

Immediate cause of death \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to General Arteriosclerosis

9. Birthplace OK 9  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations none 97  
 Of autopsy none

11. Industry or business \_\_\_\_\_  
 12. Name OK  
 13. Birthplace OK 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name OK  
 15. Birthplace OK 9  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Warren Co Court  
 (b) Address Warrenton Mo  
 17. (a) Funeral (b) Date thereof 11-14-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Hill  
 18. (a) Signature of funeral director Ray D. Holt  
 (b) Address Chas B Cookfield Ave  
 19. (a) Nov 14, 1941 (b) R. H. Crew  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
 23. Signature R. H. Crew (M. D. or other) \_\_\_\_\_  
 Address State Hosp # 1 Date signed 11-11-41

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

14  
12

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**