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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1942

Registration District No. 71

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7312

Primary Registration District No. 4335

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Moniteau

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

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

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community entire lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68

(c) City or town California (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.? 0 years.

3. (a) PRINT FULL NAME CHARLES F. NIEDERJOHN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Niederjohn

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct (Month) 19 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

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

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

16. (a) Informant Wm F Niederjohn

(b) Address California Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 12 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo.

19. (a) 1-12-42 (Date received local registrar) (b) Mrs. James Roth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1942 hour 4 minute 7 M.

21. I hereby certify that I attended the deceased from Jan 3rd, 1942 to Jan 10, 1942 that I last saw him alive on Jan 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of left hip	1 week.
Due to Fall. Pneumonia - (Broncho)	
Due to exposure.	5 days.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) accident

(b) Date of occurrence Jan 3 1942. 068

(c) Where did injury occur? California (City or town) Moniteau (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home about barn. (Specify type of place)

While at work? yes (e) Means of injury Fall.

23. Signature Edgar A. Kibbe (M. D. ~~or other~~)

Address California Mo Date signed 1/12/42

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(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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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, fact should be so stated above.