

FILED JUN 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 498

1. PLACE OF DEATH:

(a) County. BUCHANAN  
(b) City or town. ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MO - METH - HOSP. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 WEEK  
(Specify whether years, months or days)  
In this community. 1 WEEK

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Gentry  
(c) City or town. Gentry, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LESTER - NIER

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex. M 5. Color. Wht 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. June 21 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 23 hr. min.

9. Birthplace. Gentry Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. \_\_\_\_\_

MOTHER FATHER { 12. Name. W. D. Nier

13. Birthplace. Gentry MO  
(City, town, or county) (State or foreign country)

14. Maiden name. Wick

15. Birthplace. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant. Edward Nier

(b) Address. Kansas City Kansas

17. (a) burial (b) Date thereof. May 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Gentry MO

18. (a) Signature of funeral director. Ray Klumey

(b) Address. St Joseph MO

19. (a) 5-16-42 (b) Rose Nierog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 15  
year. 1942 hour. 5 minute. 2 M.

21. I hereby certify that I attended the deceased from May 9  
1942 to May 15 1942

that I last saw him alive on May 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia

Due to. Prostatic obstruction

Due to. Prostatic hypertrophy

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations. None

Of autopsy. None

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? \_\_\_\_\_

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

23. Signature. Paul Fitzgerald (M. D. or other) \_\_\_\_\_

Address. St Joseph MO Date signed. \_\_\_\_\_

Duration  
6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 John Roy Clawey  
Licensed Embalmer No. 2435  
P. O. Address St Joseph Hill

**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.**