

FILED JUL 23 1942

Registration District No. 590

Primary Registration District No. 5788

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Montgomery Co.  
(b) City or town Near Big Spring, Mo. Luther  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 80-4-15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Near Big Spring, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME Annie M. Klusmeyer

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry G. Klusmeyer 6. (c) Age of husband or wife if alive 23rd years (Day) (Year) 1862

7. Birth date of deceased Jan (Month) 15 (Day) (Year)  
8. AGE: Years 80 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Big Spring, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles Niedergorke  
13. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)  
14. Maiden name Louisa Meyer  
15. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Fred C. ...  
(b) Address ...

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Big Spring, Mo.

18. (a) Signature of funeral director ...  
(b) Address Americus, Mo.

19. (a) June 10, 1942 (Date received local registrar) (b) Mrs. Carrie A. Stuyt (If signer is not registrar) (c) Mrs. ... (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from April 3 1942 to June 8 1942  
that I last saw h. alive on June 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis cerebral thrombosis arterio-sclerotic nephritis  
Due to arterio-sclerotic nephritis

Due to arterio-sclerotic nephritis  
Other conditions 131a  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131a  
Of autopsy 131a  
PHYSICIAN James O. Hillen  
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? -  
(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 James O. Hillen (M. D. or other) New Florence Mo. Date signed 6-9-42

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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.....

..... D. B. Baker ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*D. B. Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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.**