

SEP 9 1942

Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 2

83  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**I. PLACE OF DEATH**  
(a) County Platte  
(b) City or town Farley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Henry Frederick Nieman  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male  
5. Color of hair White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Margaret Oberdick  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 26 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Farley - Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Earnest F Nieman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mac H. F Nieman  
(b) Address RFD, East Leavenworth Mo.

17. (a) Rural (b) Date thereof July 13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Platte City

18. (a) Signature of funeral director Edward H. Harris  
(b) Address Parkville Mo

19. (a) 8-4-42 (b) Mrs. Clay Kliffel  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Platte  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles N. of Farley  
(If rural (give location))  
(e) If foreign born, how long in U. S. A. 2 AM July 10 years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month July day 16  
year 1942 hour 12 minute AM  
21. I hereby certify that I attended the deceased from June 1  
1942 to July 9, 1942  
that I last saw him alive on July 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease  
Duration 3 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 94  
Of autopsy \_\_\_\_\_  
Underlines 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. Underwood (M. D. or other)  
Address Parkville Mo Date signed 8/3/42

1942-~~7~~<sup>18</sup>-40  
1871-11-25  

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70-7-14

**RECEIVED**

District Health Officer No. Platte  
District File Number 9-42-72  
Date Filed 9-2-42

JUL 10 1957

**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 J. G. Francis  
Licensed Embalmer No. 3451  
P. O. Address Fairbury 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.