

FILED SEP 21 1942  
Registration District No. 263

Primary Registration District No. 6236

Registrar's No. 17

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

1. PLACE OF DEATH:  
(a) County Warren  
(b) City or town Concord Hill  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109  
(a) State Missouri (b) County Warren  
(c) City or town Concord Hill  
(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 0

3. (a) PRINT FULL NAME NICHOLAUS MEBRUER  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Wilhmennia Mebruer  
(c) Age of husband or wife if alive, 1860 8 years

7. Birth date of deceased: October 8 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 14  
If less than one day hr. min.

9. Birthplace Narshville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business  
12. Name Nicholaus Mebruer  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Turk.  
15. Birthplace Unknown. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elem Mebruer  
(b) Address Marthasville Mo

17. (a) Burial (b) Date thereof 8-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concord Hill, Mo.

18. (a) Signature of funeral director Fred W. Pickett  
(b) Address Marthasville, Mo.

19. (a) Aug. 24 '42 (b) Ethel Kebr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1942 hour 8 minute 30 P M.  
21. I hereby certify that I attended the deceased from at intervals since June 11, 1942 to Aug 23, 1942  
that I last saw him alive on Aug 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of P Thyroid gland invading trachea of the throat  
Due to 4 months

Due to  
Other conditions Chr Nephritis 14  
(include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: 55c  
Of operations  
Of autopsy

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?

23. Signature J. P. Johnson (M. D. or other)  
Address Marthasville MO Date signed 8/23/42  
(Specify type of place) (2) Means of injury

---

---

**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 Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address. Spethsville 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.**