. S. No. 2
00M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17077

ED JUN 7 1943

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2366

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo 7 days (Specify whether years, months or days)
In this community: all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Hankson 48
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 3433 Holmes 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Fred Niebuhr,
3. (b) If veteran, name war: no.
3. (c) Social Security No.: Retired
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: February (Month) 9 (Day) 1873 (Year)
8. AGE: Years 70 | Months 23 | Days 13 | If less than one day: hr. min.
9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: x
FATHER 12. Name: Carl Niebuhr
FATHER 13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name: Greece
MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Miss Helen Niebuhr,
(b) Address: 3433 Holmes St., Kansas City, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-24-43 (Date received local registrar) (b) M. M. O'Brien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 3 minute 35 A. M.
21. I hereby certify that I attended the deceased from April 15, 1943 to May 22, 1943; that I last saw him alive on May 222, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: papillary adenocarcinoma of stomach with metastasis to perineum, liver etc — Duration

Due to: 46 D

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Drew R. Thomas (M. D. or other)
Address: Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. at Hosp

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 J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.