

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 26

Primary Registration District No. 5303

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural nearer Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West of Jefferson City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ Life _____ (Specify whether _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural nearer Jefferson C
(If outside city or town limits, write "RURAL")

(d) Street No. West of Jefferson City
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rosalie Shell Nienaber

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J. Fred Nienaber 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 26 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace St. Thomas, Mo. Cole Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Houswife

11. Industry or business _____

12. Name Joseph Shell

13. Birthplace St Thomas, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Scheuler

15. Birthplace St. Thomas, Mo. Cole Co
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Nienaber

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 10/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Victor Smacher

(b) Address Jefferson City, Mo.

19. (a) 10-5-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from June 1 1943 to Oct 3 1943

that I last saw her alive on Oct 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypostatic Pneumonia

Due to Bilateral Carcinoma

Due to of breasts

Other conditions Metastases to ribs
(Include pregnancy within 3 months of death)

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. K. Osmond (M. D. or other) _____

Address Jefferson City Date signed 10-5-43

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
0
C

26

5

5

1

1

P

43

43

43

4 days

50

50

50

50

50

50

50

50

50

50

50

50

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 Victor Buescher

Licensed Embalmer N3701.....

P. O. Address Jefferson City, 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.