V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 78

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10802

Primary Registration District No. 5318

Registrar's No. 12

27
0
0

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural Lebanon Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --

(Specify whether

In this community Five Years

years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper 0

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles East Otterville, Mo

(If rural, give location)

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

If yes, name country Native 0

3. (a) PRINT FULL NAME Minnie Niermeyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank Niermeyer

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased December, 16th. 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace St Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

FATHER
12. Name Fred Hagemeier
13. Birthplace St Louis, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Loesing
15. Birthplace St Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Hulda Stahl (Daughter)

(b) Address Otterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Missouri

18. (a) Signature of funeral director Jennie E. Richards

(b) Address Tipton, Mo.

19. (a) Mar 15-1944 (Date received local registrar) (b) Mrs W. W. Robien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1944 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Mr 12 44, 19__, to Mr 13, 1944 that I last saw her alive on Mr 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Valvular Heart disease	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92d

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 Robt L Fogle (M. D. or other) MD

Address Otterville Mo Date signed 4/14/44

1089

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-6-47

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: James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton Nebr

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.