

FILED OCT 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. 30637

Registration District No. 140

Primary Registration District No. 4229

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 48 Years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME August Biesemeyer.

3. (b) If veteran, name war: ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Hulda Biesemeyer 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 6 (Day) 1881 (Year)

8. AGE: Years 64 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Warren County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On farm

12. Name Ernest Biesemeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Wessel
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. August Biesemeyer
(b) Address New Franklin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cem. New Franklin, Mo.

18. (a) Signature of funeral director Goodman & Holler
(b) Address Boonville, Mo.

19. (a) 9-24-45 (Date received local registrar) (b) Anna P. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town New Franklin (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1945 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from June 1st 1945 to Sept 9 1945, that I last saw him alive on Sept 8 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of kidney Duration 9 Mos.

Due to: -----

Due to: -----

Other condition Metastatic Carcinoma of (Include pregnant within 3 months of death)
kidney of liver

Major findings: Of operations None

Of autopsy None 520

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
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 ----- (M.D. or other) M.D.
Address Boonville, Mo. Date signed 9/10/45

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.....

G. F. Boller

Licensed Embalmer No.....

3064

P. O. Address.....

Boonville, 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.