S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31043

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at residence of E. H. Bauer 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Warren 10
(c) City or town Warrenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH NIEHUSS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Paul H. Niehuss
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 4, 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Boehmer
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Sophia Niehuss
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 1
16. (a) Informant Mrs. Mayme Bauer
(b) Address Wellsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.
18. (a) Signature of funeral director Fr. Nickburg & Co.
(b) Address Warrenton, Mo.
19. (a) 9-27-45 (Date received local registrar) (b) Thos. Meritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 12 Noon minute ..... M.
21. I hereby certify that I attended the deceased from Sept 17, 1945 to Sept 27, 1945 that I last saw him alive on Sept 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to
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 Willis H. Wallace M.D. (M.D. or other)
Address Wellsville Mo. Date signed 9-27-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 10-3-45

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 John E. Herlinger, Registered Apprentice No. 375, working under my personal supervision.

Signed John T. Kieburg

Licensed Embalmer No. J 3897

P. O. Address Warrenton, 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.