No. 2
—2-43
5-17-39
I 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. 14004

FILED APR 26 1946

Registration District No. 2

Primary Registration District No. 5879

Registrar's No. 8

1. PLACE OF DEATH:
(a) County OSAGE
(b) City or town HOPE - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County OSAGE 76
(c) City or town HOPE — RURAL — 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA LOUISE NIEWALD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE /

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife GUS NIEWALD

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug - 24 - 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7		hr. min.

9. Birthplace HOPE (City, town, or county) Mo (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name H. G. PANAK
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CARALINE BOCK
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant MRS. SELMA HILKEBAUMER
(b) Address HOPE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation HOPE - Mo

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn - Mo.

19. (a) 3-29-46 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 — day 24 year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-22-, 1946, to 3-24-, 1946, that I last saw her alive on 3-22-, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: —
Of operations

Of autopsy — 928

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

23. Signature Howard Workman (M. D. or other)
Address Hermann Mo Date signed 3-25-46

234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-25-46

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenn

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.