

FILED NOV 6 1946

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
 (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
 In this community 34 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUIS NIEHAUS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elizabeth Ludwig Niehaus 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 29 1865
 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Alexander, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name August Niehaus
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Meyer
 15. Birthplace Germany 11
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed Niehaus
 (b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Oct 21 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery
KONANTZ FUNERAL HOME

18. (a) Signature of funeral director _____
 (b) Address Lamar, Missouri

19. (a) OCT 21 1946 (b) Marie Konantz
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
 year 1946 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from March, 1946, to Oct 17, 1946
 that I last saw him alive on Oct 15, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 4 hrs
 Due to Chr. Hypertensive, Arterio
sclerotic heart disease

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: Of operations 944A
 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) (c) Means of injury 0
 23. Signature James A. Atkins (M. D. or other) _____
 Address 118 W. 10th Lamar, Mo Date signed 19 Oct 46

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

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RECEIVED

District Health Officer No. 6,

District File Number 1146-1113

Date Filed NOV 6 1946

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 Carl J. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.