

FILED OCT 28 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Howard  
(b) City or town New Franklin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 yrs. years, months or days

3. (a) PRINT FULL NAME HILDA JOHANNA BIESEMEYER  
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 Mrs. Biesemeyer 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 2 1889 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John L. Biesemeyer 4  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Friederike Sundermeyer  
15. Birthplace Warren Co. (City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 9-30-46 (Month) (Day) (Year)  
(c) Place: burial or cremation mt. Pleasant

18. (a) Signature of funeral director C. S. Duncan  
(b) Address New Franklin Mo.

19. (a) 9-28-46 (b) Mrs. Lee Biesemeyer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45  
(c) City or town New Franklin 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
year 1946 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 24th, 1946, to September 27th, 1946;  
that I last saw her alive on September 27th, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Cancer of Uterus  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 480

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 2

23. Signature M. J. Jones (M. D. or other)  
Address 508 1/2 Spring St. Boonville, Mo. Date signed 10-4-46

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 10-26-46

SEP 28 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

*L. L. Hall*

Licensed Embalmer No.

3515

P. O. Address

New Franklin, W.

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.