

No. 2  
2-45  
17-39  
X47070

**FILED JUN 30 1947**

Registration District No. **8**

Primary Registration District No. **3017**

Registrar's No. **96**

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

**1. PLACE OF DEATH:**  
 (a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At home, 732 Third St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 25 Years.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cooper **27**  
 (c) City or town Boonville, Mo. **1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 732 Third St. **2**  
(If rural, give location)  
 (e) Citizen of foreign country? No **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Herbert Stanley Bieber.  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 10  
 year 1947 hour 10 minute \_\_\_\_\_ P. M.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Mrs. Katherine Bieber  
**6. (c) Age of husband or wife if alive** 65 years  
**7. Birth date of deceased** October 21 1875  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
Feb 10 1947 to June 10 1947  
 that I last saw him alive on June 10 1947  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
71 7 20 hr. min.

Immediate cause of death myocarditis **Duration** 2 yrs

**9. Birthplace** Fort Wayne Indiana  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions none  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Owner Shoe Repair Shop  
Shoe Repair

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none

**11. Industry or business** \_\_\_\_\_  
**12. Name** Milton Bieber  
**13. Birthplace** Pennsylvania  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Martha Stanley  
(City, town, or county) (State or foreign country)  
**15. Birthplace** Unknown, **9**  
(City, town, or county) (State or foreign country)

**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mrs. Harold Bieber.  
**(b) Address** Boonville, Mo.

**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?** \_\_\_\_\_

**17. (a) Burial** **(b) Date thereof** June 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Walnut Grove Cem.

**23. Signature** J C Beckett **(M. D. or other)** **0**  
 While at work? \_\_\_\_\_ **(c) Means of injury** \_\_\_\_\_

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

**23. Signature** J C Beckett **(M. D. or other)** **0**  
 Address Boonville Mo Date signed 6-14-47

**19. (a) 6-11-47** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-27-47

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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 J. H. Goodman

Licensed Embalmer No. 1178

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.