

S. No. 2  
M-8-13  
v. 5-17-39  
No 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26571

FILED JUL 17 1947

State File No. \_\_\_\_\_  
Registrar's No. 9

Registration District No. 3 Primary Registration District No. 6336

1. PLACE OF DEATH:  
(a) County Warren  
(b) City or town Rural (Charrette township)  
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT Dorothy (Dolly) Nistendirk  
FULL NAME

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

20. DATE OF DEATH: Month July day 5  
year 1947 hour 10:35 minute \_\_\_\_\_ A.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from July 4 1947 to July 5 1947  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife John Nistendirk 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased May 15, 1865 (Month) (Day) (Year)

Immediate cause of death Carcinoma of  
intestine Duration 2 yr

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>20</u>	hr. _____ min.

Due to Chr Myocarditis 8 mo

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

Major findings: H6E  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

MOTHER FATHER {  
12. Name John Bommel  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Sherman  
15. Birthplace Germany (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mr. John Nistendirk  
(b) Address R.F.D., Marthasville, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Marthasville, Mo.

(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 \_\_\_\_\_

18. (a) Signature of funeral director F. W. Nieburg & Co.  
(b) Address Warrenton, Mo.

23. Signature [Signature] (M. D. or other) MD  
Address Marthasville Mo Date signed 7-7-47

19. (a) 7/7/47 (Date received local registrar) (b) [Signature] (Registrar's signature) 3911

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

RECEIVED  
District Health Officer No. 9,  
District File Number 7-16-47  
Date Filed

AUG 7 1947

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..... *John J. Hebling*.....  
Licensed Embalmer No..... *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.