

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27530**

FILED AUG 19 1947
Registration District No. **1710**

Primary Registration District No. **4229**

Registrar's No. **5**

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 **50 yrs** (Specify whether years, months or days)
In this community **50 yrs**

3. (a) PRINT FULL NAME **JOHN HENRY Biesemeyer**
3. (b) If veteran, name war. **1** 3. (c) Social Security No. **1**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Amelia Prior Biesemeyer** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Sept. 29 1879** (Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **29** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Ernest Biesemeyer II**
13. Birthplace **Bismarck** (City, town, or county) (State or foreign country)
14. Maiden name **Caroline Wisper**
15. Birthplace **W. Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Herbith J. Biesemeyer**
(b) Address **New Franklin Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-30-47** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Pleasant**

18. (a) Signature of funeral director **C. L. Nummer**
(b) Address **New Franklin Mo**
19. (a) **7-3-47** (Date received local registrar) (b) **Mrs Lee Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Howard**
(c) City or town **New Franklin Mo 3** (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28** year **1947** hour **3** minute **45 AM**

21. I hereby certify that I attended the deceased from **Aug 17 1944** to **June 24 1947**
that I last saw him alive on **June 24 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Melanoma** Duration **3 years**

Due to **Melanoma**

Due to **55**

Other conditions **metastatic melanoma**
(Include pregnancy within 3 months of death)

Major findings: **Excision of**
Of operations **Clonds in Groin Left**
Of autopsy **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 **E. L. Chamberlain** (M. D. or other)
Address **New Franklin Mo** Date signed **7-2-47**

RECEIVED

District Health Office

District File Number

Date Filed 8-18-47

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

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.