

S. No. 2  
M-5-43  
7-5-17-39  
P I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30368

State File No. \_\_\_\_\_  
Registrar's No. 13

FILED OCT 4 1947  
Registration District No. 209

Primary Registration District No. 4046

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

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Hartsburg mo  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Emma M. Niemann  
3. (b) If veteran, name war. x  
3. (c) Social Security No. x

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 20th year 1947 hour 9:45 minute A. M.  
21. I hereby certify that I attended the deceased from Sept 1, 1947, to Sept 30, 1947  
that I last saw her alive on Sept 15 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Herman Nieman  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Jany 2nd 1872  
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis  
Aortic insufficiency  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 75 Months 8 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Warren Co Mo: 6  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Henry Stratman  
13. Birthplace Germany  
14. Maiden name Louise Steinkamp  
15. Birthplace Warren Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Nieman  
(b) Address Hartsburg mo  
17. (a) Burial (b) Date thereof Sept 22 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Evangelical - Hartsburg  
18. (a) Signature of funeral director P. A. Stewart  
(b) Address Columbia Mo  
19. (a) 9-24-47 Mrs. Ross Glascock  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature H. B. Poyer (M. D. or other) \_\_\_\_\_  
Address Oshland mo Date signed 9-22-47

RECEIVED  
District Health Officer No. 9,  
District File Number 103-47  
Date Filed \_\_\_\_\_

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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

*Robert W. [Signature]*

Licensed Embalmer No. 3183

P. O. Address.....

**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.**