S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

Registration District No. 93

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4153

State File No. 646

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: DADE

(b) City or town: Lockwood
(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: 54 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Dade

(c) City or town: Lockwood MO
(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:

3. (a) PRINT FULL NAME: HERMA ALBERT NIEMAN

3. (b) If veteran, name war: none

3. (c) Social Security No. none

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: APRIL 19 (Month) 1863 (Day) (Year)

8. AGE: Years 84 Months 9 Days 5 If less than one day hr. min.

9. Birthplace: Cedarburg (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: Merchant & Feed Dealer

11. Industry or business:

MOTHER FATHER

12. Name: Joachim Nieman

13. Birthplace: Mecklenburg (City, town, or county) Germany (State or foreign country)

14. Maiden name: Don't Know

15. Birthplace: Don't Know (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Herbert A. Nieman

(b) Address: Lockwood MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: January 27-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Immanuel Lutheran

18. (a) Signature of funeral director: R. L. Hauenschild

(b) Address: Lockwood Mo

19. (a) 1-27-48 (Date received by local registrar) (b) Geo. L. Wier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1-20- 1948 to 1-24- 1948 that I last saw alive on 1-24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Vascular disease — Duration

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: J. D. Combs (M. D. or other)

Address: Lockwood Mo Date signed: 1-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 248-187
Date Filed FEB 3 1948

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed R. L. Haunschild

Licensed Embalmer No 3234

P. O. Address ~~R. L. Haunschild~~ Lockwood

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.