

Registration District No. **149**

Primary Registration District No. **10021**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Menorah**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8-21-48 to 8-23-48** (Specify whether years, months or days)
In this community **see above**

3. (a) PRINT FULL NAME **DANA NIEMAN**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **4 1 1930**
(Month) (Day) (Year)

8. AGE: Years **18** Months **4** Days **22** If less than one day hr. min.

9. Birthplace: **Huntsburg Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School girl**

11. Industry or business

MOTHER FATHER { 12. Name **Ed Nieman**
13. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Gene Mc Bride**
15. Birthplace **Sansom Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Nieman**

(b) Address **Boonville Mo.**

17. (a) **Burial** (b) Date thereof **8-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville Mo.**

18. (a) Signature of funeral director **France Warrall**

(b) Address **K. C. Mo.**

19. (a) **8-23-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. S. D. #3**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **23**
year **1948** hour **4:53** minute **A** M.

21. I hereby certify that I attended the deceased from **8/28** 19**48** to **8/29** 19**48**

that I last saw her alive on **8/24/48** and that death occurred on the date and hour stated above.

Immediate cause of death **Ulcerative Dermatitis** Duration **4 wks**
Acute Cause undetermined **2 wks**
② Acute lobar pneumonia
Due to **③ Extracranial hemorrhage** **6 wks**
Left temporal, skull fracture
Due to **complete**

Other conditions **Fractured pelvis - complete**

Major findings Of operations **17064**

Of autopsy **SKull fracture, extra dural hemorrhage, Pneumonia**

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **8-7-10-48 27**

(c) Where did injury occur? **Boonville Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? **no** (Specify type of place) (e) Means of injury **bus + auto**

23. Signature **Paul Moore** (M. D. number) **auto MD**

Address **1112 Bryan & Bldg K-C Mo.** Date signed **8/29/48**

AUG 10 1945

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.....

Frest Ronald Coldenow
working under my personal supervision.

....., Registered Apprentice No. *225*

Signed.

Russell W. France

Licensed Embalmer No. *4255*

P. O. Address. *K.C., 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.