No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4991

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 485

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): RR 2, T. C. Lee Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle):
c. (Last): Niemeyer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1954

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 6, 1897
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): Herrington, Kansas.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. A. Weaver
13b. MOTHER'S MAIDEN NAME: Ida Brombaugh
14. NAME OF HUSBAND OR WIFE: John E. Niemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 489-30-3197
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: John E. Niemeyer, Independence, Mo.

489-30-3197

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Mitral Valvulitis with Stenosis — Interval between onset and death: 5 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Auricular Fibrillation — 1 year

DUE TO (c) Rheumatic Myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive Heart Failure — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
410X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 10, 1951, *to* January 29, 1954, *that I last saw the deceased alive on* Jan 29, 1954, *and that death occurred at* 8:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE Graham Asher (Degree or title): Graham Asher MD
23b. ADDRESS: 1220 Professional Bldg. Kansas City 6 Mo
23c. DATE SIGNED: 1-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/54
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cem.
24d. LOCATION (City, town, or county) (State): Raytown, Mo.

DATE REC'D BY LOCAL REG.: 1-30-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo E Carson Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.