

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23887

2965

BIRTH NO. 51812-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>No Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2123 Swift 6001</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Janet</b> b. (Middle) <b>Berniece</b> c. (Last) <b>Niemann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 7 56</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>7-7-56</b>
9. AGE (In years last birthday) <b>5</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS City Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Eugene Edward Niemann</b>		13b. MOTHER'S MAIDEN NAME <b>Murtle Berniece Park</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Niemann 2123 Swift.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature separation of placenta.</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Immature 26 wks.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		7615	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-7 1956</b> to <b>7-7 1956</b> that I last saw the deceased alive on <b>7-7 1956</b> and that death occurred at <b>10:20 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Malvin Langhans</b>		23b. ADDRESS <b>No. 10000 City Mo</b>	
23c. DATE SIGNED <b>7-7-56</b>		24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-19-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Appleton City</b>	
24d. LOCATION (City, town, or county) (State) <b>Appleton City Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Osceola E. Hoff</b>	
DATE REC'D BY LOCAL REG. <b>7-7-56</b>		REGISTRAR'S SIGNATURE <b>Nevar Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Osceola E. Hoff</b>		ADDRESS <b>Appleton City Mo</b>	

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

**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 Oscar Eckhoff

Licensed Embalmer No. 3642

P. O. Address Appleton Wis

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.