

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Osage Twnshp. R.F.D.#4
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D.#4, Jefferson City, Mo
(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) 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#4, Jefferson City, Mo
(If rural, give location) 0
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Niemeyer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hattie Niemeyer
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased March 7th, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER {
 12. Name John Niemeyer 4
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Peetz
 15. Birthplace Stringtown, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm G. Niemeyer
 (b) Address Jefferson City, Missouri
 17. (a) Burial (b) Date thereof May-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shoepf Gordon
 (b) Address Jefferson City, Missouri
 19. (a) 5-23-46 (b) A. C. Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 - Day 21 - Year 46
 year _____ hour _____ minute 1 P. M.
 21. I hereby certify that I attended the deceased from 12-31-46
 _____, 19____, to 5-21-46, 19____;
 that I last saw him alive on 5-21-46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardio-renal disease</u> <u>chronic myo. condutis</u> Due to <u>acute nephritis</u>	
Due to _____	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Wm U. McInelly (M. D. or other) _____
 Address Jefferson City Mo Date signed 5-21-46

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

15000

108

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-1-46

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 Amer Jones Jr.
Licensed Embalmer No. 4811
P. O. Address Jefferson City

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.