

38008

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 11 1941

Registration District No. 26Primary Registration District No. 5174BRegistrar's No. 12

## 1. PLACE OF DEATH:

- (a) County Cape Girardeau  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Gordonville Mo R #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT  
FULL NAMECLARENCE NIEMANN

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced 9  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Aug 23 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 2 16 hr. min.

9. Birthplace Gordonville Mo R #1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Niemann  
 13. Birthplace Gordonville Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Burk  
 15. Birthplace Jackson Mo Star Route D (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amey Niemann  
 (b) Address Gordonville Missouri  
 17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

- (c) Place: burial or cremation Gordonville Cemetery  
 18. (a) Signature of funeral director McBride & Co  
 (b) Address Jackson Mo  
 19. (a) Nov 11 1941 (b) Mrs W. W. Ford (c) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Gordonville Mo Route #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
 year 1941 hour 4 o'clock P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

- Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

- Due to accidental death  
internal rupture  
unavoidable

- Due to was dead and dumped

- Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

- Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

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

- (a) Accident, suicide, or homicide (specify) accidental (unavoidable)  
 (b) Date of occurrence November 9  
 (c) Where did injury occur? Gordonville Cape Girardeau Mo (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Highway 25 (near W. W. Ford)  
 While at work? yes (Specify type of place) (e) Means of injury internal

23. Signature N. Barton Short (M.D. or other) \_\_\_\_\_  
 Address Gordonville Mo Date signed 10/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*B. A. Meyer*

Licensed Embalmer No.....

*3051*

P. O. Address.....

*Jackson, 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, above space should be left blank.**