

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.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS				MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH		State File No. <u>42984</u>							
Registration District No. <u>196</u>		Primary Registration District No. <u>5141</u>		Registrar's No. <u>7</u>									
<b>1. PLACE OF DEATH:</b>													
(a) County <u>Cape Girardeau</u>													
(b) City or town <u>Rural</u> (If outside city or town limits, write "RURAL" and name of township)													
(c) Name of hospital or institution: <u>2</u>													
(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 NAME <u>William NIEMANN 550</u>													
3. (b) If veteran, name war _____			3. (c) Social Security No. _____										
4. Sex <u>F.</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>married</u>											
6. (b) Name of husband or wife <u>Bertha Bink</u>		6. (c) Age of husband or wife if alive <u>64</u> years											
7. Birth date of deceased <u>Aug 27 1872</u> (Month) (Day) (Year)													
8. AGE: Years <u>67</u> Months <u>3</u> Days <u>23</u> If less than one day _____ hr. _____ min.													
9. Birthplace <u>Gordonville Mo</u> (City, town, or county) (State or foreign country)													
10. Usual occupation <u>Farmer</u>													
11. Industry or business _____													
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">MOTHER FATHER</div> <div> 12. Name <u>Wm Niemann</u>  13. Birthplace <u>Germany</u> (City, town, or county) (State or foreign country)  14. Maiden name <u>Weller</u>  15. Birthplace <u>Not known</u> (City, town, or county) (State or foreign country) </div> </div>													
							16. (a) Informant's own signature <u>Henry Niemann</u>						
							(b) Address <u>Gordonville, Mo</u>						
							17. (a) <u>Burial</u> (Burial, cremation, or removal) (b) Date thereof <u>Dec 12/1959</u> (Month) (Day) (Year)						
(c) Place: burial or cremation <u>Gordonville Lutheran Church</u>													
18. (a) Signature of funeral director <u>Jackson &amp; Co</u>													
(b) Address <u>Jackson Mo 123</u>													
19. (a) <u>Dec 13 1959</u> (Date received local registrar) (b) <u>Mrs M. M. Ford</u> (Registrar's signature)													
<b>2. USUAL RESIDENCE OF DECEASED:</b>													
(a) State <u>Missouri</u> (b) County <u>Cape Girardeau</u>													
(c) City or town <u>near Gordonville</u> (If outside city or town limits, write "RURAL")													
(d) Street No. _____ (If rural, give location)													
(e) If foreign born, how long in U. S. A. _____ years.													
<b>MEDICAL CERTIFICATION</b>													
20. DATE OF DEATH: Month <u>Dec</u> day <u>10</u> year <u>1959</u> hour <u>6</u> minute <u>9</u> P. M.													
21. I hereby certify that I attended the deceased from <u>Dec 8</u> , 19 <u>59</u> , to <u>Dec 10</u> , 19 <u>59</u> , that I last saw him alive on <u>Dec 10</u> , 19 <u>59</u> , and that death occurred on the date and hour stated above.													
Immediate cause of death <u>Pulmonary &amp; Dry</u>						Duration _____							
Due to _____						<div style="border: 1px solid black; padding: 5px;"> <b>PHYSICIAN</b>   Underline the cause to which death should be charged statistically </div>							
Due to _____													
Other conditions (Include pregnancy within 3 months of death) <u>10</u>													
Major findings: Of operations _____													
Of autopsy _____													
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) (e) Means of injury _____													
23. Signature <u>E. P. Schen</u> (M. D. or other) <u>1</u>													
Address <u>Jackson Mo</u> Date signed <u>Dec 14 1959</u>													

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**