

REC'D JUN 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19025

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609
 (b) Township..... Primary Registration District No. 4863 Registered No. 54
 (c) City NEOSHO (d) Street No. REYNOLDS HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANDREW HIMMEL

(a) Residence, No. 541 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 23 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

FARMER

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLEVELAND OHIO13. NAME ANDREW HIMMEL14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME BARBARA STORY16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) Ashley Bigman NEOSHO, MISSOURI18. BURIAL, CREMATION, OR REMOVAL PLACE G. O. O. CEMETERY DATE MAY 12, 193819. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY NEOSHO, MISSOURI20. FILED 5-23-38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 10, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

Internal InjuriesDriver of one of two cars that collidedOther contributory causes of importance: 210 m 230Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 5/8/38 19Where did injury occur? NEAR NEOSHO, MO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

ON HIGHWAY 71, 7 MILES NORTH OF
Manner of injury AUTOMOBILE ACCIDENT

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Barley Thompson Garner M.D.(Signed) Local Registrar. (Address) Neosho, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, John Bingham, Licensed Embalmer No. 2689
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Bingham
L. E. No. 2689 or by _____ Registered Apprentice No. _____
working under my personal supervision. Signed John Bingham Licensed Embalmer No. 2689

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.)