

REC'D MAR 15 1939

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

6073
Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY ² Registration District No. 104
 (b) Township FULTON ¹ Primary Registration District No. 3008 Registered No. 47
 (c) City FULTON (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

FREDERICK EMIH NEUKOMM
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARATHA McCARROLL
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 24, 1871
 7. AGE YEARS 67 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th. 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1901 to present time.
 I last saw him alive on Feb. 7th, 1939 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clothing Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Stenosis aortic. Myocarditis. Last
 Arteriosclerosis, both valves. severe
 Cardiac hypertrophy. July 1939
 Date of onset
 Other contributory causes of importance: 92 W

12. BIRTHPLACE (CITY OR TOWN) FULTON
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME John J. Neukomm

14. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME KUNIGUNDA LANG
7

16. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY) 7

17. INFORMANT FRED W. NEUKOMM
 (ADDRESS) FULTON, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hill Crest FULTON DATE Feb. 9th 1939

19. FUNERAL DIRECTOR (NAME) Glen Y. Maupin
 (ADDRESS) 700 East 8th, FULTON, MO.

20. FILED Feb 9, 1939 R. N. Crewe
 Local Registrar.

Name of operation E. Electrocardiogram Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) George E. Adams M. D. 106
Fulton Mo. (Address) _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Feb. 8, 1922
John D. Batchelder, Registered Apprentice No. 192
working under my personal supervision.

Signed

Glen Y. Maupin

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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.