

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.

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

22729  
Do not use this space.

REC'D JUL 18 1939

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 575  
 (b) Town Bellvue Park Primary Registration District No. 4339  
 (c) City Tipton (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Moses Neuburger

(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

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <b>Charlotte Neuburger</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April, 19, 1872</b>				
7. AGE	YEARS <b>67</b>	MONTHS <b>1</b>	DAYS <b>21</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Dealer in</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Livestock</b>			
	10. Date deceased last worked at this occupation (month and year) <b>June, 10, 1939</b>		11. Total time (years) spent in this occupation <b>Life</b>	
12. BIRTHPLACE (CITY OR TOWN) <b>Bellville</b> (STATE OR COUNTRY) <b>Illinois</b>				
FATHER	13. NAME <b>Samuel Neuburger</b>			
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Theresa Coffman</b>			
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <b>France</b>			
17. INFORMANT <b>Thomas Neuburger</b> (ADDRESS) <b>Tipton Mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St Louis, Mo</b> DATE <b>June, 12, 1939</b>				
19. FUNERAL DIRECTOR (NAME) <b>Jewell E. Richards</b> (ADDRESS) <b>Tipton, Mo</b>				
20. FILED <b>6-11-39</b> <b>Mrs Sarah Fry</b> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 10, 1939

22. I HEREBY CERTIFY That I attended deceased from April 1, 1939 to June 10, 1939  
 I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris

Other contributory causes of importance: 94

Name of operation \_\_\_\_\_ 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) J. B. Norman M.D.  
 (Address) Tipton Mo

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Jemee E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.**