RD JAN 13 1941

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

42307
Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 238
(b) Township ~~Lockwood~~ Primary Registration District No. 4145 Registered No.
(c) City or Lockwood (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. 51 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maria Carolina Wilhelmine Neumann
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Fred Neumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1873

7. AGE: Years 67 | Months 8 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Hoyleton (STATE OR COUNTRY) Illinois

FATHER
13. NAME William Kollmeier
14. BIRTHPLACE (CITY OR TOWN) Westfahlen (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Carolina Krefft
16. BIRTHPLACE (CITY OR TOWN) Westfahlen (STATE OR COUNTRY) Germany

17. INFORMANT Anna Schoen (ADDRESS) Freistatt, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Immanuel Cem DATE Nov 17 1940

19. FUNERAL DIRECTOR (NAME) R. L. Haunschild (ADDRESS) Lockwood, Missouri.

20. FILED 11-16 1940 J. G. Wier M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1940

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1940, to 11-12-, 1940
I last saw her alive on 11-12-, 1940 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Don't know

Other contributory causes of importance:

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) T. P. Combs M. D.
(Address) Lockwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

X16605

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 R. L. Hanneschild

Licensed Embalmer No. 3234

P. O. Address Lockwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43307

Registration District No. 238 Primary Registration District No. 4145 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Lockwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dade
(c) City or town Lockwood
(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.

3. (a) PRINT FULL NAME Marie Caroline W. Neumann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 67 Months 8 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-14-41 (Date received local registrar) (b) J. A. Wren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. D. Combs (M. D. or other)
Address Lockwood, Mo. Date signed

SUPPLEMENTARY