FEB 14 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2311

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 30

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City - Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moscow de 37

(c) City or town: Bland
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location) 1

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Meta Adelheid Neese

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: Single

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: January (Month) 5 (Day) 1874 (Year)

8. AGE: Years 67 Months — Days 26 If less than one day ___ hr. ___ min.

9. Birthplace: Bay (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home-keeper

11. Industry or business: ✓

MOTHER FATHER

12. Name: Louis Neese

13. Birthplace: ✓ (City, town, or county) Germany (State or foreign country)

14. Maiden name: ANNA Boettcher

15. Birthplace: ✓ (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mr. Wm. Mathew

(b) Address: Bland - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. (Month) (Day) 1941 (Year)

(c) Place: burial or cremation: Burial

18. (a) Signature of funeral director: Sassmann's Funeral Home

(b) Address: Bland - MO

19. (a) 2-1-41 (Date received local registrar) (b) A. A. Bedford MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 31, 1941, to Jan 31, 1941; that I last saw her alive on Jan 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Lobar Pneumonia	1 wk
Due to following flu	
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: M. R. Cedrdge (M. D. or other) D

Address: Jefferson City Mo Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Bland - Mo.

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

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