

FILED MAY 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15380

Registration District No. 925

Primary Registration District No. 5851-B

Registrar's No. 2

1. PLACE OF DEATH:

(a) County OSAGE  
(b) City or town RURAL  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
(c) City or town Rural  
(d) Street No. Washington Prop.  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25  
year 1941 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from July 20  
1941, to Mar 20, 1941  
that I last saw him alive on Mar 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions High blood pressure  
coronary sclerosis  
Major findings: Conrad S. Verhoff M.D.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 2 yrs  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Conrad S. Verhoff (M. D. or other) \_\_\_\_\_  
Address Westphalia Mo Date signed 3/25/41

3. (a) PRINT FULL NAME Louis Neuner, Sr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christine Neuner 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 7, 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace RichFountain, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Neuner.

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

14. Maiden name Dora Fick

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

16. (a) Informant Mrs. Louis Neuner, Sr.

(b) Address RichFountain, Mo.

17. (a) Burial (b) Date thereof 3-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RichFountain, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Linn, Mo.

19. (a) 3-26-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

6  
3  
3

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**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.....

Licensed Embalmer No..... 4125

P. O. Address..... Linn, 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.**