

No. 2
-1-4-41
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6399

FILED MAR 21 1942 3
Registration District No. 3014

Primary Registration District No. 3014

Registrar's No. 58

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:
431 E. MILLER STR. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26
(c) City or town JEFFERSON CITY, MO. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 431 E. MILLER STR. 4
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 22
year 1942 hour 4; minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him alive on February 21st 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Heart Failure Duration _____

Due to Excess Drinking
Due to _____
Other conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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

3. (a) PRINT FULL NAME JOSEPH NEUTZLER

3. (b) If veteran, name war WORLD 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 22, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 0 hr. 3 min.

9. Birthplace JEFFERSON CITY, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation TAILOR

11. Industry or business _____

12. Name FRANK NEUTZLER 11

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name MARY NEUTZLER 4
(City, town, or county) (State or foreign country)

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HERMAN NENTWIG

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER'S

18. (a) Signature of funeral director John F. Heintz
(b) Address JEFFERSON CITY, MO.

19. (a) 2-27-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None

(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) (c) Means of injury Automobile

23. Signature Foster A. Wheeler (M.D. or other)
Address Jefferson City, Missouri Date signed 2/23/42

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

26
5
4

894

MAR 20 1903

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Sylvester Dulle, or by
Sylvester Dulle, Registered Apprentice No. 292
working under my personal supervision.

Signed John F. Henrich
Licensed Embalmer No. 3655
P. O. Address Jefferson City, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6399

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(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 _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Joseph Neutzler

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased may 22 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days _____ (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Heart trouble
Heart Disease
Myocardial
Failure
Acute

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations 932
Of autopsy _____

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 J. B. Buell (M. D. or other) MR.
Address Jefferson City Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

