

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1942

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 197

88
363

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1116 Bond /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 Bond
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

88
63

3. (a) PRINT FULL NAME John T. Neth

3. (b) If veteran, name war World War I 3. (c) Social Security No. 490-18-7614

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

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

7. Birth date of deceased Sept 22nd 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business C.G. Wisman, Plb. + Htg. Co.

MOTHER FATHER } 12. Name John Neth

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

14. Maiden name Mary Gingrich

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

16. (a) Informant Mrs. Ann Neth

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Nov 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 11-24-42 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd year 1942 hour _____ minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1940 to Nov 23, 1942; that I last saw him alive on Nov 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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. Nickell (M. D. or other)

Address Moberly, Mo Date signed 11/23/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 11 1942

NOV 29 1954

NOV 29 1954

RECEIVED

District Health Officer No. 10

District File Number 12-42-309.2

Date Filled DEC - 7 1942

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 Frank B DeWitt

Licensed Embalmer No. 3-021

P. O. Address Moberly, 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.