

Registration District No. 135

Primary Registration District No. 5579

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Murphy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co. TBC Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 1/2 years (Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Joseph Neuschöber

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased: June 20 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Factory Worker

11. Industry or business _____

MOTHER FATHER

12. Name John Neuschöber

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

14. Maiden name Burton

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

16. (a) Informant's own signature Records

(b) Address _____

17. (a) Burial (b) Date thereof Jan 14 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Mo

18. (a) Signature of funeral director W. H. City and Co

(b) Address W. H. City and Co

19. (a) Jan. 14, 1943 (Date received local registrar) (b) Mrs. Lillie Lege (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson (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.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 4, 1930 to Jan 13, 1943 that I last saw him alive on Jan 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Neurophthis Duration _____

Due to Tuberculous Tuberculosis

Due to _____

Other conditions (Includes pregnancy within 3 months of death) B.P.

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 Jose E. Dourson (M. D. or other) _____

Address 12th City Mo Date signed Jan 14 1943

43-1-16

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb 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, above space should be left blank.