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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1944
Registration District No. 18

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4160

10849
State File No. _____
Registrar's No. 29

1. PLACE OF DEATH:
(a) County Davess
(b) City or town Whiston Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 About 40 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Davess
(c) City or town Whiston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Albert Neth
3. (b) If veteran, name war None 3. (c) Social Security None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 4
year 1944 hour 3 minute 45 a. M.
21. I hereby certify that I attended the deceased from 2/9 1941, 1941, to 3/4 1944
that I last saw him alive on 3-4 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Neth 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 12 12 1872
(Month) (Day) (Year)

Immediate cause of death Cardio-Renal Disease
Duration Several months

8. AGE: Years 71 Months 2 Days 22 If less than one day _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131a

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

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

11. Industry or business _____
12. Name Jacob Neth
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Fannie Switzer
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Emma Neth
(b) Address 1609 W. Grandotte KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Whiston Mo
18. (a) Signature of funeral director Mrs. Kate Shoup
(b) Address Whiston Mo
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

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 0
23. Signature Fred Wilson (M. D. or other) _____
Address Whiston Mo Date signed 3/4/44

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

MOTHER FATHER

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.

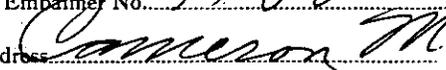
Signed.....



Licensed Embalmer No.....

1180

P. O. Address.....



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

If this body is not embalmed, fact should be so stated above.

Registration District No. 98

Primary Registration District No. 4160

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

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Winstar
(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

Albert Neth

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 M

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

7. Birth date of deceased Dec 12 (Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 10 (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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) Mar. 6-1948 (b) L. D. Richardson
(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 March day 14
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above
Immediate cause of death Cardio-Respiratory Failure
Duration Several months

Due to _____

Due to _____

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

Major findings: 13/a
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

10849