

FILED AUG 4 1944
294

Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
510 East 26th
(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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 510 East 26th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Everett Neitzert
(b) If veteran, name war none
(c) Social Security No. 500-10-5661

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1944 hour 2:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Alene M. Gard Neitzert
6. (c) Age of husband or wife if alive 32 years

21. I hereby certify that I attended the deceased from around body of
July 10, 1944, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Culture of an acute aneurysm (aneurysm) Duration _____

8. AGE: Years 39 Months 3 Days 8
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Cole Camp, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Cab driver

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

11. Industry or business _____
12. Name Richard T. Neitzert
13. Birthplace Florence, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gordelia Sizemore
15. Birthplace unknown - Illinois
(City, town, or county) (State or foreign country)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alene Neitzert (wife)
(b) Address 510 East 26th, Sedalia, Mo.
17. (a) Burial (b) Date thereof 7/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Ewing Turner Home
(b) Address Sedalia, Mo.
19. (a) July 10, 1944 Mrs. Anna Berger
(If received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature W. J. Bishop Coroner (M. D. or other) _____
Address Sedalia, Mo. Date signed 7-10-44

MOTHER FATHER

Dr. Bishop

RECEIVED
District Health Officer No. 6
Case File Number
Filed 8-4-44

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 *Duane Ewin*
Licensed Embalmer No. *3847*
P. O. Address *Seaside, Calif.*

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 236

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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 Etta E. Neigert
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 s
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 1905
(Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days no (less than one day) 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director (b) Address
19. (a) (Date received local registrar) (b) (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 July year 1944 day..... 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 Rupture of an aortic aneurysm
Due to Probably to syphilitic infection
Due to.....

Other conditions..... (include pregnancy within 3 months of death)
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Major findings: Of operations 209
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?
(Specify type of place) (e) Means of injury.....
23. Signature W. J. Bishop (M. D. or other) Coroner
Address Sedalia Mo Date signed 8-12-44

SUPPLEMENTAL

MOTHER FATHER

AUG 3 1948

25424