

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 MOISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 996

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo 11 da
(Specify whether years, months or days)

In this community 1 Mo 11 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Moberly 11
(If outside city or town limits, write "RURAL")

(d) Street No. 501 So Williams 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK E. HEYIMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 244

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Kate Neuman 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Oct 13
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Linn Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Bridge Builder R.R.

11. Industry or business Wabash

12. Name Edron Neuman

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

14. Maiden name Adelaide Dow

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

16. (a) Informant Reverend Hospital

(b) Address St Joseph Mo.

17. (a) R (b) Date thereof 10-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Stoney Fambal Hovey

(b) Address St Joseph Mo

19. (a) 10/6/44 (b) Walter J. Pucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1944 hour 6-10 minute 0 M.

21. I hereby certify that I attended the deceased from 9-30, 1944, to 10-3, 1944, that I last saw him alive on 10-2, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Bronchial

Due to Red ridden and
distention

Due to _____

Other conditions Small Distention
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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) (a) Means of injury _____

23. Signature W.S. Salzer (M. D. or other) _____
 Address St Joseph Mo Date signed _____

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

MOTHER FATHER

OCT 16 1944

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.