

FILED APR 2 1948
Registration District No. 40

Primary Registration District No. 5122

State File No. _____
Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Backy Fork Deep
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Dallsville
(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 _____

3. (a) PRINT FULL NAME BEN NIE NABER

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-18-45, 1945, to 2-22-46, 1946
that I last saw him alive on Feb-22-, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 27 1877
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to Atherosclerosis & Hypertension

Due to _____

8. AGE: Years 68 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer + Blacksmith

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Benzon Neecher

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

14. Maiden name Calyabath Braun
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Ben Neecher

(b) Address Nationally Mo

17. (a) Burial (b) Date thereof Feb 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Stone

18. (a) Signature of funeral director Frank Winger

(b) Address Centralia Mo

19. (a) March 6 1948 (b) Wm. E. F. Shork
(Date received local registrar) (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? _____
(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature W. E. Baker (Date or other) _____
Address Centralia Mo Date signed _____

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

APR 5 1948

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 Glover J. Jersinger

Licensed Embalmer No. 4270

P. O. Address Centraha, 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.