

FILED APR 8 1946

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. 4, Neosho  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Neosho R.R. 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Henry Laderach

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Laderach 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 16 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Newton Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Goeleib Laderach  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Laderach  
(b) Address Neosho, Mo. R.R. 4

17. (a) Burial (b) Date thereof 3 23 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belfast Cemetery

18. (a) Signature of funeral director Bl. T. Suggart

(b) Address Seneca, Missouri

19. (a) Mar. 30, 1946 (b) Melvin C. Rosman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from For years  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him alive on Several months ago 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above

Immediate cause of death Coccyx fracture Duration \_\_\_\_\_

of 6 years standing. He

Due to died suddenly - I have

Due to seen him in several attacks

Other conditions Arterio sclerosis

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy ca

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 0

23. Signature R. C. Lawson (M. D. or other) MD

Address Neosho Mo Date signed 3/29/46

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

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 446-51  
Date Filed APR 5 1946

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. 4215

P. O. Address Seneca 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.**