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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 16 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **33698**  
Registrar's No. **4180**

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4327 Holly**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.** (Specify whether  
In this community **4 years** (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** **Earl V. Neuberger**  
**3. (b) If veteran,** name war **no.** **3. (c) Social Security** No. **338-01-0464**

**4. Sex** **male** **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced** **married**  
**6. (b) Name of husband or wife** **Mrs. Roye L. Neuberger** **6. (c) Age of husband or wife if alive** **unknown**  
**7. Birth date of deceased** **February 22 1892**  
(Month) (Day) (Year)

**8. AGE:** Years **54** Months **7** Days **11** If less than one day **10** hr. min.

**9. Birthplace** **Willmar, Minnesota**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Insurance Agent**

**11. Industry or business** **X**

**12. Name** **C. S. Neuberger**  
**13. Birthplace** **New York**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Minnie Railson**  
**15. Birthplace** **Minnesota**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Roye L. Neuberger**  
**(b) Address** **4327 Holly, Kansas City, Mo.**

**17. (a) Removal** **(b) Date thereof** **10-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Minneapolis, Minnesota**

**18. (a) Signature of funeral director** **Stine & McClure**  
**(b) Address** **3235 Gillham Plaza, K. C., Mo.**

**19. (a) 10-3-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4327 Holly**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **2**  
year **1946** hour **8:10** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **Coronary**, 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**  
Due to **arteriosclerosis**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations.....

Of autopsy **no**  
**History + 9 major etms**

**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** **Geraldine Holmes** (M. D. or other)  
**Address** **1429 Prof. Alley** **Date signed** **10-3-46**

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

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

**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 *J. Blair Shippard*  
.....  
Licensed Embalmer No. *4179*  
.....  
P. O. Address *K. C. 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.**