

FILED DEC 24 1946
Registration District No.

Primary Registration District No. 3009

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

1. PLACE OF DEATH: Cape Girardeau
 (a) County Jackson
 (b) City or town Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
610 Greensferry Road /
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Gir. / 5
 (c) City or town Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 610 Greensferry Road
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Bertha L Neumeyer
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife John S Neumeyer
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased April 11 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 6 hr. min.

9. Birthplace Cape Gir. County MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Bierschwal
 13. Birthplace Cape Gir. County MO
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Dora Sander
 15. Birthplace Cape Gir. County MO
 (City, town, or county) (State or foreign country)

16. (a) Informant John S Neumeyer
 (b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 12/19/1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Jackson Mo

18. (a) Signature of funeral director Wilson Stalley Seaborn
 (b) Address Jackson Mo

19. (a) 12-20-46 (b) D. S. Suker
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 17
 year 1946 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from June 1946 to Dec 17 1946
 that I last saw him alive on Dec 16 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum Atrophy
 Duration about 7 mo

Due to Heart Failure

Due to.....

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

Major findings:
 Of operations 46B

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) U

23. Signature D. S. Suker (M. D. or other)
 Address Jackson Mo Date signed 12-18-46

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

RECEIVED

District Health Officer No. 4
District File Number 1246-3025
Date Filed 12-26-46

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.