

**FILED FEB 25 1947**

Registration District No. 16

Primary Registration District No. 5076

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County Barton  
 (b) City or town Rural Richland  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 & 1/2 miles north Jasper  
(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)  
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barton  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1 & 1/2 miles north Jasper  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Zacharias Neher  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 16th.  
 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife Single  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 14 1868  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
79 9 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Coronary Thrombosis

9. Birthplace Leeton Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farming  
 11. Industry or business Same

Major findings:  
94A

MOTHER FATHER  
 12. Name Daniel Neher  
 13. Birthplace Leeton Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Miller  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Raymond Neher  
 (b) Address Jasper Mo.  
 17. (a) Burial (b) Date thereof 2-19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Leeton Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Chas. J. Teeter  
 (b) Address Jasper Mo.  
 19. (a) 2-16-47 (b) Hazel H. Pugh  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 6  
 23. Signature C. E. Dewart (M. D. or other) MD.  
 Address Jasper Mo. Date signed 2-16-47

RECEIVED

District Health Officer No. 6,

District File Number 247-256

Date Filed FEB 21 1947

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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 Howard C. Simpson  
Licensed Embalmer No. 4288  
P. O. Address Jasper 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.