

S. No. 2  
4-8-43  
5-17-39  
P I X37823

FILED AUG 12 1947

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CALLAWAY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk. (Specify whether)

In this community LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 198 St. Louis Ave  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA VIRGINIA NEUKOMM

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race white

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

6. (b) Name of husband or wife F. F. NEUKOMM

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

7. Birth date of deceased Dec 11 1871  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>75</u> | <u>7</u> | <u>22</u> | hr. _____ min. _____ |

9. Birthplace FULTON MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {

12. Name WILLIAM MCCARROL

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

14. Maiden name CAROLINE CHRIST  
(City, town, or county) (State or foreign country)

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

16. (a) Informant JOHN NEUKOMM

(b) Address COLUMBIA, MO.

17. (a) BURIAL (b) Date thereof AUG. 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Glen J. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) AUG-4-47 (b) Josef Moravec  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1947 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10/13, 1945 to Aug. 3, 1947;  
that I last saw her alive on Aug. 2, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis  
ch. myocarditis

Due to \_\_\_\_\_

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

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Denny Drost (M. D. or other) MD.

Address Fulton Mo. Date signed 8/4/47

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

4  
1  
2

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 5-11-47

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.....

*Theodore Skinner Jr.*, Registered Apprentice No. *55-*  
working under my personal supervision.

Signed.....

*Glen Y. Marpin*  
Licensed Embalmer No. *2725-*

P. O. Address..... *Fulton, 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.