

1. PLACE OF DEATH: *Macon*
 (a) County.....
 (b) City or town.....*Macon*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: *111 Butler St* (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State.....*Mo.* (b) County.....*Macon 61*
 (c) City or town.....*Macon* 3
 (If outside city or town limits, write "RURAL")
 (d) Street No.....*111 Butler St.* 2
 (If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME *Anna Neunaker*
 (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *June* day *10*
 year *1948* hour *3* minute *03* A.M.
 21. I hereby certify that I attended the deceased from *9-13*
 19*47* to *10 June 1948*
 that I last saw h*er* alive on *10 June 1948*
 and that death occurred on the date and hour stated above. *Duration*

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *widow*
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if *101* years
Andres Neunaker
 7. Birth date of deceased..... *Aug. 11 - 1871*
 (Month) (Day) (Year)

Immediate cause of death *Cerebral Hemorrhage 6-248*
 Due to *hypertension* 5 yrs
 Due to *cardio vascular renal disease embolism*
 Other conditions..... *febrility*
 (Include pregnancy within 6 months of death)

8. AGE: Years Months Days If less than one day
76 9 29 hr. min.

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

9. Birthplace..... *Denmark*
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... *House wife*

MOTHER FATHER
 11. Industry or business.....
 12. Name.....
 13. Birthplace..... *Wachauufer 4*
 (City, town, or county) (State or foreign country)
 14. Maiden name..... *Wurtemberg, Germany*
 15. Birthplace..... *Bonn*
 (City, town, or county) (State or foreign country)

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)
 While at work?..... (e) Means of injury.....
 23. Signature..... *McNeely* (M. D. or other) *M.D.*
 Address..... *Macon Mo* Date signed..... *7-1-48*

16. (a) Informant..... *Ma Paul Neunaker*
 (b) Address..... *Macon Mo R.R.*
 17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof..... *6-11-48*
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... *Bethlehem Cem. Macon Mo*
 18. (a) Signature of funeral director..... *Misses Gooding*
 (b) Address..... *Macon Mo*
 19. (a) *7/6/48* (Date received local registrar) (b) *Paul McNeely* (Registrar's signature) *82*

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

RECEIVED

District Health Officer No. 10

District File Number 7-48-127

Date Filed JUL 13 1948

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 _____

James C. Cleaver
working under my personal supervision.

Registered Apprentice No. 515

Signed *C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address *Main, 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.

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Mason
(b) City or town Mason
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME Anna Neunaker

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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

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

8. AGE: Years 76 Months _____ Days _____ (if less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew Neunaker

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. _____ immediate cause of death _____

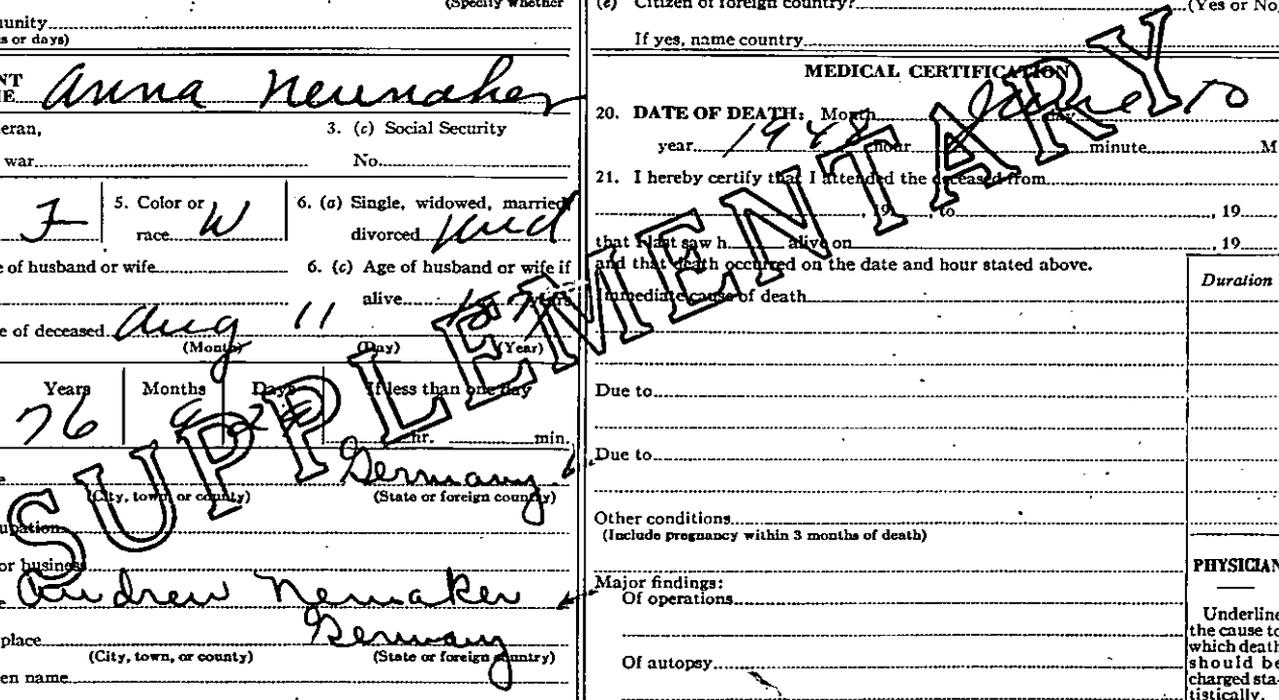
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Date signed _____

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



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

5-20105