

FILED JUL 28 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1106 S. Kentucky Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 20 years (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAME.Henry W. Neumeyer3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie Neumeyer
 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Oct 8 - 1887
 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 25
 If less than one day _____ hr. _____ min.

-9: Birthplace Maryland MD
 (City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business

12. Name John Neumeyer13. Birthplace Austria Hungary
 (City, town, or county) (State or foreign country)14. Maiden name do not know15. Birthplace Austria Hungary
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs Annie Neumeyer(b) Address 1106 S. Kentucky17. (a) Burial (b) Date thereof 7-13-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Smithton MO18. (a) Signature of funeral director W. F. Neumeyer(b) Address Smithton MO19. (a) 7-13-48 (b) Betty Yeagers
 (Date received local registrar) (Registrar's signature)7-13-48 (Date received local registrar)Dapney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1106 S. Kentucky
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 11,
 year 1948, hour one minute 45 A.M.

21. I hereby certify that I attended the deceased from
5, 1948, to July 11, 1948.
 that I last saw him alive on July 11,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coma
from Wernicke
 Duration 6 days

Due to Chronic nephritis

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 223. Signature Edwin V. Holbert (Physician or other) MDAddress Sedalia, MO Date signed 7/13/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-27-48

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.....

A. F. Neuniger

Licensed Embalmer No. *3912*

P. O. Address. *Smithton MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.