

No. 2
1/47
5-17-39

FILED SEP 20 1948

Registration District No. 71

Primary Registration District No. 3025

Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Neveel

(b) City or town: West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christa Neveel Hosp.!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 35 hrs
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Neveel 46

(c) City or town: West Plains
(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 _____

3. (a) PRINT FULL NAME: Minnie Ottilia Hugel

3. (b) If veteran, name war: ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1948 hour 1 minutes 25 A.M.

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Geo Hugel 6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: Jan 15 - 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3, 1948, to July 8, 1948, that I last saw her alive on July 4, 1948, and that death occurred on the date and hour stated above.

Duration _____

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

Immediate cause of death: Hemiplegia, rt. side

9. Birthplace: Alburnet, Iowa
(City, town, or county) (State or foreign country)

Due to: arteriosclerosis

10. Usual occupation: Homemaker

Due to: _____

11. Industry or business: _____

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

12. Name: Judith Britz 4

Major findings: _____

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

Of operations: _____

Of autopsy: _____

14. Maiden name: Neveel

15. Birthplace: Hempfling, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Geo Hugel
(b) Address: West Plains, Mo

17. (a) B (b) Date thereof: 7-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Cox Lawn

18. (a) Signature of funeral director: Robert M. West Plains, Mo
(b) Address: West Plains, Mo

19. (a) Sept 8 - 48 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

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)

23. Signature: A. H. Thornburg, M.D.
Address: West Plains, Mo Date signed: 7/13/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Thornburg

RECEIVED 9-13-48
District Health Officer No. 5
District File Number 9785-92
Date Filed 9-14-48

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 D. D. Robertson

Licensed Embalmer No. 3433

P. O. Address West Haven, Conn.

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.