

STANDARD CERTIFICATE OF DEATH

BIRTH NO. ... REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho c. LENGTH OF STAY (in this place) 1

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho

d. FULL NAME OF HOSPITAL OR INSTITUTION EAST SPRING

d. STREET ADDRESS (If rural, give location) EAST SPRING ST.

3. NAME OF DECEASED a. (First) Oliver b. (Middle) JAKE c. (Last) Anglemeyer

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED

8. DATE OF BIRTH April 1 1895

9. AGE (in years last birthday) 54 if UNDER 1 YEAR Months 2 if UNDER 24 HRS. Days 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Neosho, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Charles Anglemeyer

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE FLORENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Anglemeyer Neosho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis MEDICAL CERTIFICATION (b) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 5 yrs 112

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949 to June 25, 1949, that I last saw the deceased alive on April 1949 and that death occurred at 11:55 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Reynolds MD

23b. ADDRESS Neosho MO

23c. DATE SIGNED 6-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 6-27-49

24c. NAME OF CEMETERY OR CREMATORY J.O.O.F. Cem.

24d. LOCATION (City, town, or county) (State) Neosho MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE June 29, 1949 Melvin C. Barrman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLARK, RICHARD Neosho

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

73
3
2

RECEIVED
District Health Officer No. *Paul G. Smith*
District File Number *279-118*
Date filed *July 6, 1949*

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *H. G. White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, 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.