

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40645

State File No.

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 28-1949

1. PLACE OF DEATH a. COUNTY <u>Crawford Oak Hill</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon, Rural Oak Hill</u>	
c. LENGTH OF STAY (In this place) <u>6/4</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hattie</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>Neumann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9th, 1949</u>
-------------------------------------	--------------------------	-------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 8th, 1876</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>73 4 1</u>
-------------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Unavailable</u>	13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Neumann</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Neumann</u>	ADDRESS <u>Route 1 Bourbon, Mo.</u>
--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of the Myocardium</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1948, to Dec 9, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 5-7 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald M. Scott, M.D.</u>	23b. ADDRESS <u>Bourbon, Missouri</u>	23c. DATE SIGNED <u>12/10/49</u>
--	--	-------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>12/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview (Argo)</u>	24d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-12-49</u>	REGISTRAR'S SIGNATURE <u>Paul G. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Edong</u>	ADDRESS <u>Bourbon, Mo.</u>
---	---	---	--------------------------------

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

28
6
10

RECEIVED 1/4/50
District Health Officer No. 5,
District File Number 15017
Date Filed 1/6/50

JAN 9 1950

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 Elbert E. King

Licensed Embalmer No. 3504

P. O. Address Bourbon, 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.