

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14062

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Flaw 0 Primary Registration District No. 1002 Registered No. 1774
(c) City Kansas City (d) Street No. 824 1/2 E. 12 KENNA St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 824 1/2 E. 12, Kenna Neugebauer, George
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Marie Neugebauer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1864
7. AGE YEARS 75 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. B. Conductor
9. Industry or business in which work was done, as saw mill, bank, etc. Conductor
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Michigan
FATHER 13. NAME Joseph Neugebauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Germany
MOTHER 15. MAIDEN NAME Mary Brock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Andy J. Neugebauer 3310 Broadway
18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE HILL DATE 4-27 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snodgrass 6900 Troost, K.C. Mo.
20. FILED April 26, 1940 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-40
22. I HEREBY CERTIFY That I attended deceased from 11:30 a. 1940
I last saw deceased alive on 11-30-39 Death is said to have occurred of the date stated above, at 11:30 a.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Date of onset 100
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Walter H. Butler M. D.
(Address) K.C. Mo.

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, Apr. 19, 194

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed JW Hawthorne.

Licensed Embalmer No. 3845

P. O. Address 6900 Footh. Bl.

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, above space should be left blank.