

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 135

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Nevada City Hospital
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Berulah P. Neuman
 8. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife W.K. Neuman 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Nov. 12, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Milo, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name A. W. Jones
 13. Birthplace Lexington, Ky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Murray
 15. Birthplace Vernon Co., Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Neuman
 (b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 5-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marb. Beckinger
 (b) Address Nevada, Mo

19. (a) May 2, 1941 (b) Allen V. Dwyer
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Vernon
 (c) City or town Nevada, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. East 7th town
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
 year 1941 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from April 29, 1941 to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
 Due to Shock
 Due to Automobile wreck
 Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
 Of autopsy Chronic nephritis

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 5/29/41 108
 (c) Where did injury occur? Near mile Vernon Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway
 While at work? no (Specify type of place) (e) Means of injury Auto wreck
 23. Signature Allen V. Dwyer (M. D. or other) MD
 Address Nevada, Mo Date signed 4/29/41

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

17026
95

RECEIVED

District Health Officer No. 7,

District File Number 5-41-777

Date Filed 5-7-46

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 Max Leiber

Licensed Embalmer No. 2656

P. O. Address Newada, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 875

Primary Registration District No. 3039

Registrar's No.

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Beulah C. Nunn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure *Dilation*

shoe

Due to _____

Due to automobile wheel

not a collision

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: _____ (Of operations)

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 4/29/1941

(c) Where did injury occur near mile two (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway - County road (Specify type of place)

While at work _____ (c) Means of injury

23. Signature O W Pearson (M. D. or other)

Address Nevada mo Date signed 5/2/41

SUPPLEMENTARY

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

KOWENH VIOURK

