

Registration District No. 104

Primary Registration District No. 3028

Registrar's No. 267

14  
12

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo

(c) Name of hospital or institution: State Hosp No 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 m 10 d (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Neuner

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex gm

5. Color or race w

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife sk

6. (c) Age of husband or wife if alive sk years

7. Birth date of deceased Apr (Month) 1862 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>	<u>?</u>	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George Neuner 4

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

14. Maiden name DK

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

16. (a) Informant Records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 7 41 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director C. O. Roberts

(b) Address Columbia Mo

19. (a) Oct 7, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton St Louis Mo 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 2209 Helbert St 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Don't know years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1941 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to Oct 3, 1941; that I last saw him alive on Oct 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 days

Due to

Due to Central

Other conditions Pneumonia with abscesses  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 107

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature George J. Neuner (M. D. or other) 1079-44

Address Fulton Mo Date signed 10/7/41

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**