No. 2
-5-42
-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31164

FILED OCT 11 1943

Registration District No. 8 — Primary Registration District No. 3206 — Registrar's No. 216

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 0
In this community: 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 709 Westwood Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARY ELIZABETH NEUMANN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: August Frederick Neumann

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

7. Birth date of deceased: 4 (Month) - 25 (Day) - 1855 (Year)

8. AGE: Years: 88 Months: 4 Days: 21 If less than one day: hr. min.

9. Birthplace: Monroe (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER
12. Name: Delamar Murray
13. Birthplace: Conn. (City, town, or county) (State or foreign country)
14. Maiden name: Mary Ellen Ball
15. Birthplace: Mass. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W.A. Tarr
(b) Address: 709 Westwood, Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elroy, Wisconsin

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 9/17 43 (Date received local registrar) (b) E R Kastel (Registrar's signature)

1250

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 16 year: 1943 hour: 2:00 minute: P. M.

21. I hereby certify that I attended the deceased from Aug 30 1943 to Sept 16 1943 that I last saw her alive on Sept 16 1943 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pneumonia Bronchial
myocardial Diltis

Due to: arteriosclerosis
+ senility

Due to:

Other conditions: Fracture left femur.
(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): Fall at home
(b) Date of occurrence: Aug 30, 1943 118
(c) Where did injury occur? at Daughter's home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes - home (Specify type of place)
While at work? no (e) Means of injury:

23. Signature: Adam C. Schultz (M. D. or other)
Address: Columbia Mo Date signed 9/17/43

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 W. V. Whiteside

Licensed Embalmer No. 3893

P. O. Address Columbia

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.