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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12385

Registrar's No. 1482

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3918 Genesee 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3918 Genesee 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Gustavus T. Neubert

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-4365

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harriett Neubert

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April (Month) 6 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	11	25	..... hr. ..... min.

9. Birthplace Fort Wayne (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Master Mechanic

FATHER
12. Name G. J. Neubert
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant G. T. Neubert, Jr.
(b) Address 4929 Westwood Road, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 4-2-45 (Date received local registrar) (b) G. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from March 25 1945 to April 1 1945
that I last saw him alive on March 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 1 wk

Due to arteriosclerosis

Due to Senility

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations N/A

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) .....
(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? .....
(Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature Wm Carlos Teeter (M. D. or other)
Address 1500 Prof Bldg Date signed 4-2-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carter Peete
2-5
Professional bldg

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 Joseph R. Hunt, Registered Apprentice No. 364, working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.