

S. No. 2  
M-5-43  
5-17-39

X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31018**

**FILED OCT 7 1946**

Registration District No. **23671946**

Primary Registration District No. **4352**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles  
(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 Lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan **71**

(c) City or town Versailles **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Ray Neumeayer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept. 25 46  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 10 hr. 0 min.

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

None

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Raymond Neumeayer

13. Birthplace Morgan Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name VERA RUMANS

15. Birthplace Morgan Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Neumeayer

(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Sept. 26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. T. Caldwell

(b) Address Versailles, Missouri

19. (a) 9-26-46 (b) J. L. Mashburn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 25 day \_\_\_\_\_  
year 1946 hour 12: minute 30 P. M.

21. I hereby certify that I attended the deceased from Birth \_\_\_\_\_, 19\_\_\_\_, to to death \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on Sept 25 \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death intracranial Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Premature birth  
(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 159

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)

Means of injury 2

23. Signature P. J. Eckhoff (M. D. or other) DO.

Address Versailles, Mo. Date signed 9-26-46

RECEIVED

Case No. Officer No. 7;

Dist. No. 9-46-992

Date Filed 10-4-46

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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 *J. F. Kimmel*

Licensed Embalmer No. *1596*

P. O. Address *Assault 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.**