

No. 2
-5-43
5-17-39
I X3667

FILED NOV 4 1947
Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **3 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **97**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDMOND NEUBAUER**
(b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **25**
year **1947** hour **10** minute **25** a.m.
21. I hereby certify that I attended the deceased from **Oct 18, 1947**
to **October 25, 1947**
that I last saw him alive on **October 25, 1947**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maude Neubauer**
6. (c) Age of husband or wife if alive **64 years**
7. Birth date of deceased: **February 1 1879**
(Month) (Day) (Year)

Immediate cause of death **Coronary artery Occlusion**
Duration _____
Due to **(Diagnosis confirmed by electrocardiogram)**
Due to _____

8. AGE: Years Months Days If less than one day
68 8 24 hr. _____ min.

9. Birthplace **Miami Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **94a**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Charles Edward Neubauer**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Haggendauchner**
15. Birthplace **Miami Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Neubauer**
(b) Address **Marshall, Missouri**
17. (a) **Removal** (b) Date thereof **10-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director **W. C. Carson**
(b) Address **Independence, Mo**
19. (a) **10-25-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Leopold Hill** (M.D. or other)
Address **1103 Grand Ave., K.C., Mo.** signed **10/25/47**

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

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.....

Charles F. Tyler....., Registered Apprentice No. *411*,
working under my personal supervision.

Signed..... *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.