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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 112798
Registrar's No. 1727

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1727

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

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:
3520 Kenwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community 5-7 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3520 Kenwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Henry C. Neuer

3. (b) If veteran, name war No 3. (c) Social Security No. 496-16-4121

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Analia Neuer 6. (c) Age of husband or wife if alive DNK. years
7. Birth date of deceased MAY 16 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Former Pres. Delico Meat Prod.

11. Industry or business _____

MOTHER, FATHER { 12. Name HENRY NEUER //
13. Birthplace GERMANY (City, town, or county) (State or foreign country) //
14. Maiden name JOHANNA WILHELM
15. Birthplace GERMANY (City, town, or county) (State or foreign country) //

16. (a) Informant Mr. Carl Neuer (Son) (b) Address 3920 Johnson Drive

17. (a) Cremation (b) Date thereof 4-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation ELMwood Forest - Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.

19. (a) 4-20-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from before 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death suicide by hanging Duration _____

Due to _____
Due to _____

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

Major findings: Of operations 11/24/48 PHYSICIAN _____
Of autopsy no Underline the cause to which death should be charged statistically.
History & Inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 4-18-48
(c) Where did injury occur? 100 Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9th lawn

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature Jesse C. ... (M. D. or other) Benn
Address 1824 N. 114 Date signed 4-19-48

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.....

Max E Meyer....., Registered Apprentice No. *79*
working under my personal supervision.

Signed.....

J. C. Shipp
Licensed Embalmer No. *41-79*

P. O. Address.....*K. C. Va*

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.