

PERMIT FOR REMOVAL AND BURIAL 335

THIS IS NOT A DEATH CERTIFICATE

LOCAL REGISTERED NO. 335

1. PLACE OF DEATH: DIST. No. 1551
 COUNTY OF Kern
 CITY, TOWN OR RURAL DISTRICT OF Bakersfield STREET AND NO. Kern General H

2. FULL NAME Emma Neumann
 RESIDENCE: No. Short Calif ST. IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) married

5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Joseph Neumann

6. DATE OF BIRTH Feb 26 1905

7. AGE 27 YR. 5 MO. 28 DAYS. IF LESS THAN ONE DAY HRS. MIN.

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. at H

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. at H

10. DATE DECEASED LAST WORKED AT 8-21 11. TOTAL YEARS SPENT THIS OCCUPATION (MONTH AND YEAR) 10

12. BIRTHPLACE (CITY OR TOWN) Irvin
 STATE OR COUNTRY Utah

13. NAME Fred Schwabe
 14. BIRTHPLACE (CITY OR TOWN) Utah
 STATE OR COUNTRY Russia

15. MAIDEN NAME Justine Lust
 16. BIRTHPLACE (CITY OR TOWN) Utah
 STATE OR COUNTRY Russia

17. LENGTH OF RESIDENCE
 A. CITY, TOWN OR RURAL DISTRICT OF DEATH YRS. MOS. DAYS
 B. IN CALIFORNIA 8 YRS. MOS. DAYS
 C. IN U.S., IF OF FOREIGN BIRTH 8 YRS. MOS. DAYS

18. INFORMANT (SIGNATURE) J & R J
 ADDRESS _____

19. BURIAL, CREMATION OR REMOVAL? Burial
 PLACE Shapers WRITE THE WORD DATE 8-26-32

20. EMBALMER { LICENSE No. 271
 SIGNATURE J & R J
 FUNERAL DIRECTOR _____
 ADDRESS _____

21. FILED _____ DATE _____ LOCAL REGISTRAR _____

22. DATE OF DEATH Aug 24 1932
 MONTH DAY YEAR

23. MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 8-23-32 TO 8-24-32 THAT I LAST SAW HIM at H ALIVE ON 8-24-32 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 6 55 A.M.

24. CORONER'S CERTIFICATE OF DEATH
 I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:
fracture
thrombosis
pregnancy of 6 months
exploration

IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? _____

CONDITION FOR WHICH PERFORMED NAME LABORATORY TEST CONFIRMING DIAGNOSIS _____

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
 ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
 INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
 DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____

27. SIGNATURE Joe Smith M.D.
 ADDRESS Bakersfield
 PHYSICIAN, AUTOPSY SURGEON

28. WHEN REQUIRED BY LAW _____ CORONER _____
 COUNTY OF _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
READ THE PRINTED MATTER CAREFULLY

39
2500
13.00
225.00
25.00
15.00
300.00

LOCAL REGISTRAR'S PERMIT FOR REMOVAL

N. B.—THIS PERMIT CAN BE SIGNED ONLY BY THE LOCAL REGISTRAR (DEPUTY OR SUBREGISTRAR) OF THE PRIMARY REGISTRATION DISTRICT IN WHICH THE DEATH OCCURRED AFTER THE FILING AND ACCEPTANCE OF A COMPLETE AND CORRECT CERTIFICATE OF DEATH LEGIBLY WRITTEN IN DURABLE BLACK INK. A CERTIFICATE OF DEATH HAVING BEEN PRESENTED TO ME, AND AFTER EXAMINATION THE SAME APPEARING TO BE COMPLETE, CORRECT AND SATISFACTORY AS REQUIRED BY LAW, I HAVE FILED IT WITH THE ABOVE STATED LOCAL REGISTERED NUMBER, AND ON THE BASIS THEREOF I HEREBY GRANT A PERMIT TO THE ABOVE NAMED UNDERTAKER FOR THE REMOVAL AND BURIAL OR CREMATION OF THE BODY OF SAID DECEASED PERSON AS STATED ABOVE. IN THE CASE OF DEATH FROM A DANGEROUS OR COMMUNICABLE DISEASE, THE BURIAL OR REMOVAL MUST BE CONDUCTED ACCORDING TO THE RULES OF THE STATE AND LOCAL BOARDS OF HEALTH.

DATED Aug 26 1932 19

By W. H. Smith LOCAL REGISTRAR
 CLERK

THIS PERMIT IS SUFFICIENT FOR THE REMOVAL AND BURIAL OR CREMATION OF A BODY AT DESTINATION AS ABOVE INDICATED (SUBJECT TO LOCAL CEMETERY OR OTHER REGULATIONS).

Endorsement of Sexton or Person in Charge of Premises on Which Interments or Cremations are Made

445 W. San R 1/2 Corch

(SIGNATURE OF PERSON IN CHARGE OF CEMETERY, CREMATORIUM, ETC.)

DATE OF INTERMENT OR CREMATION _____ 19 _____
 (STRIKE OUT WORD NOT USED)

(NAME OF CEMETERY, CREMATORIUM, ETC.)

TRIPPLICATE—TO BE RETAINED BY THE FUNERAL DIRECTOR TO WHOM PERMIT IS ISSUED.

By W. H. Smith
 Aug 26 - # 300.00
 Dec 10 131.35
 Feb 6 68.65
 June 9 100.00
500.00

Blk 110 - 9
13