No. 2
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5-21-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17873

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 514

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2020 Seneca (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 63 Years 10 Mo. 25 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 2020 Seneca (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH B. NEFF 100

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles F. Neff

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 9th. (Day) 1876 (Year)

8. AGE: Years 63 Months 10 Days 25 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife 7

11. Industry or business home

FATHER
12. Name Martin Meister 1
13. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Lucy Jordan
15. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mr. Charles F. Neff

(b) Address 2020 Seneca St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 7th. (Day) 40 (Year)

(c) Place: burial or cremation Memorial Park cemetery 85

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) May 7 1940 (Date received local registrar) (b) H J Nettebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th. year 1940 hour 10 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1940, to May 4, 1940; that I last saw her alive on May 3, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	10 days
Cerebral Hemorrhage Left	3 mos.
Due to: Ar. Hypertension	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertensive Heart Disease	4 years

Major findings:
Of operations ✓
Of autopsy ✓

95 B 2

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

23. Signature J. F. Chiarollino (M. D. or other) 1 mo

Address Kirkpatrick Bldg Date signed 5-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.