

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24636

State File No.

Registrar's No.

Registration District No. 85

Primary Registration District No. 1001

758

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:  
2602 Francis Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 69 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2602 Francis  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Viola Marie Niedorp 361

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Benjamin F. Niedorp 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 25 1870  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>69</u> | <u>8</u> | <u>20</u> | hr. _____ min.       |

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

10. Usual occupation Housewife

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

12. Name Stephen Geiger

13. Birthplace Bremen Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Carroll

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Niedorp  
(b) Address 2602 Francis St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7 17 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
St. Joseph, Mo. Mt. Mora Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) July 17 1940 (b) H. S. Withers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15,  
year 1940 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 12 1940 to July 15 1940.  
That I last saw him alive on July 15 1940,  
and that death occurred on the date and hour stated above.

| Immediate Cause of death                  | Duration       |
|---|----------------|
| <u>Arteriosclerosis, General</u>          | <u>?</u>       |
| <u>Hypertension</u>                       | <u>?</u>       |
| <u>Arteriosclerosis, kidney disease</u>   | <u>?</u>       |
| <u>Hemiplegia - left</u> <u>NEPHROSIS</u> | <u>7-11-40</u> |
| <u>Uremia (anuria, coma)</u>              | <u>7-13-40</u> |

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  121  
Of autopsy   
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? 85  
While at work?  (Specify type of place) \_\_\_\_\_  
(e) Means of injury 120

23. Signature H. S. Withers (M. D. or other) 120  
Address 722 1/2 Francis St. St. Joseph, Mo. Date signed 7-15-40

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

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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 H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, 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, above space should be left blank.**