. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24312

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3245

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: 3200 NORLEDGE, KC CONVALESCENT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YEAR (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 NORLEDGE AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CECELIA ANN NEFF
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. GEORGE NEFF
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. (Month) 25 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 5 If less than one day hr. min.

9. Birthplace CLEAR LAKE (City, town, or county) IOWA (State or foreign country)
10. Usual occupation
11. Industry or business AT HOME
FATHER
12. Name ALBERT HEIDER
13. Birthplace (City, town, or county) AUSTRIA (State or foreign country) 4
MOTHER
14. Maiden name JOSEPHINE KRUGER
15. Birthplace (City, town, or county) AUSTRIA (State or foreign country) 4
16. (a) Informant MRS. MARIE AMES
(b) Address 705 WEST 77TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30th year 1947 hour 6 minute 40 P. M.
21. I hereby certify that I attended the deceased from Aug 1, 1946 2 19 to July 30 19 47 that I last saw her alive on July 30, 1947 19 and that death occurred on the date and hour stated above.

Immediate cause of death 1. Cerebral Hemorrhage with hemiplegia
Due to 1. Hypertension & Arteriosclerosis
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations — 8/3 a
Of autopsy —

Duration

PHYSICIAN
Underline the cause of 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 Paul E. Pearson MD (M. D. or other) MD
Address 1025 Rialto Bldg KCM Date signed 8/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11:30 - 4

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 D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.