

Registration District No. 42

Primary Registration District No. 1000

State File No. _____

Registrar's No. 448

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: 2121 Francis St.
Mrs. C.D. Saxton Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years.
In this community 77 years.
years, months or days

3. (a) PRINT FULL NAME Mary Neudorff

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 Widow 2
6. (b) Name of husband or wife Frederick Neudorff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 3 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day.
<u>J</u>	<u>81</u>	<u>4</u>	<u>10</u>	hr. _____ min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business none

12. Name Frederick Bauer

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

14. Maiden name Unknown

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

16. (a) Informant Frederick F. Neudorff

(b) Address 1324 Dewey Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof April 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 4-20-48 (b) H. G. Jenkins
(Date received local registrar) (Registrar's signature)

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. 1701 Dewey Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1948 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1948, to April 13, 1948
that I last saw her alive on April 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
Central Hemorrhage
Duration 3 1/2 years
2 1/2 years

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury [Signature]

23. Signature Albert H. Muench (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 4-13-48

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

MOTHER FATHER

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 *Albert C. Harrison*

Licensed Embalmer No. 3258 Missouri

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, fact should be so stated above.