S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16460
Registrar's No. 2240

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999
(c) City or town: Merriam 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Estella May Neitzert
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 15, 1948 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Everett W. Neitzert
13. Birthplace: (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: Edith Marie Smith
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: Kansas City Gen. Hospt
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 28 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia mo
18. (a) Signature of funeral director: McLaughlin Funeral Home
(b) Address: Sedalia, Missouri
19. (a) 5-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 27 year: 1948 hour: 9 minute: P. M.
21. I hereby certify that I attended the deceased from May 15, 1948 to May 27, 1948 that I last saw her alive on May 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	

Major findings:
Of operations:
Of autopsy: None

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: 6
23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 5-28-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Pogson

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 Not Embalmed, Registered Apprentice No.,

working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 15 C 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.