FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22264

Primary Registration District No. 1000

Registrar's No. 743

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: 6405 Pryor Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 43 years
In this community

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.: 6405 Pryor Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN NEFF
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: March (Month) 23, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	17	hr. min.

9. Birthplace: Baveria (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Mail Carrier
11. Industry or business: None

MOTHER FATHER

12. Name: Theodore Neff
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Elizabeth Warner
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mary Neff (wife)
(b) Address: 6405 Pryor Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: John E. Kupp
(b) Address: 6054 Pryor Ave., City
19. (a) 7-14-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10, year 1948 hour 12 minute :15 P.M.
21. I hereby certify that I attended the deceased from March 7, 1948, to July 10, 1948, that I last saw him alive on July 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(1) Coronary Occlusion — Minutes
(2) Diabetes Mellitus approx. 2 yrs.
Due to (3) Arteriosclerosis General
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 6/
Of autopsy

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: Wm. B. Ross (M. D. or other) M.D.
Address: 510 Carlyn Bldg. Date signed 7-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1948

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 Grandal R. Stabe, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Murphy

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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

If this body is not embalmed, fact should be so stated above.