

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41172

State File No. _____

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 2254

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Daniphan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Williams Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether)

In this community 46 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Daniphan
(If outside city or town limits, write "RURAL")

(d) Street No. SECRET
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NICHOLAS A. EDERER

3. (b) If veteran, name war W.W.I

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1948 hour 7 minute 25 A.M.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Ederer

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 10 - 3 - 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 23, 1948, to November 24, 1948;
that I last saw him alive on November 24, 1948;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>1</u>	<u>21</u>	hr. _____ min.

Immediate cause of death Gasoline burns over 80% of body and limbs. 2nd + 3rd degree

Due to Gasoline explosion

Due to _____

9. Birthplace Evansville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi operator

11. Industry or business owner

Other conditions (Include pregnancy within 3 months of death) 181

Major findings: -15

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name George E. Ederer Sr

13. Birthplace Evansville Ill
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Koenigsmaier

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant George E. Ederer Jr

(b) Address Daniphan Mo.

17. (a) Burial (b) Date thereof 11-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Benedict Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence November 23, 1948

(c) Where did injury occur? Daniphan Ripley Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

18. (a) Signature of funeral director L.W. Edwards

(b) Address Daniphan Mo.

19. (a) 12-16 (b) L.B. Johnson 277
(Date received local registrar) (Registrar's signature)

While at work at home (Specify type of place) (c) Means of injury 0

23. Signature L. Williams (M. D. or other)

Address Daniphan Date signed 12-4-48

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

RECEIVED: 1-3-49
District Registrar
Office No. 5,
District No. 1498
District No. 1-10-49

JAN 18 1949

JAN 13 1949

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 Carl B. Bird
Licensed Embalmer No. 4306
P. O. Address Doniphan, 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.