

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27994

Do not use this space.

3305

Registered No.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. Research Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Edgar Lee Neff 15-7  
(a) Residence, No. La Salle Hotel St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Frances Neff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
56 1 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President of the  
9. Industry or business in which work was done, as saw mill, bank, etc. Midland Finance Corporation.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star 0  
Missouri 1

FATHER 13. NAME Ewing J. Neff  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville 0  
Arkansas

MOTHER 15. MAIDEN NAME Elizabeth Shouse  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star  
Missouri

17. INFORMANT (ADDRESS) Mrs. Frances Gardner Neff (Wife)  
La Salle Hotel, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE August 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure  
Kansas City, Missouri

20. FILED Aug 21, 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Aug 20, 1938

I last saw him alive on Aug 19, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Arterial hypertension with uremia Date of onset about 10 years  
Arterio sclerosis 3 weeks  
Kidney atrophy

Other contributory causes of importance: Edema Lungs (terminal) 131  
Peruuvian anemia

Name of operation none Date of none  
What test confirmed diagnosis? Eys gram stain Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Herbert Tutthill, M. D.  
(Address) 1125 Rialto Bldg

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**

*Handwritten signature*