

MAY 13 1940

State File No. _____

Registration District No. 626

Primary Registration District No. 8827

Registrar's No. 44

1. PLACE OF DEATH:

(a) County nodaway
(b) City or town Paduk 2 mi. Maryville
(c) Name of hospital or institution:
3 3/4 miles north west of Maryville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County nodaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 3/4 miles N. W. of Maryville.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 76 years.

3. (a) PRINT FULL NAME LOUISA NEIDEL 340

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rudolph Neidel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Boedeker

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

14. Maiden name Not known

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

16. (a) Informant Albert Neidel
(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Apr 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation oak Hill

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.

19. (a) 4-25-40 (b) Mamus E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23
year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan. 17
1940 to April 18, 1940
that I last saw her alive on April 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Sudden & Myocarditis
acute, resulting in
acute dilatation of
heart.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 9/10

Major findings:
Of operations _____
Of autopsy _____

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?
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(Specify type of place) _____
While at work? OL (Specify means of injury) _____

23. Signature Chas. Price (M. D. or other) _____
Address Maryville Mo. Date signed 7/26/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

John W. Price

Licensed Embalmer No. *3229*

P. O. Address

Maryville 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, above space should be left blank.