

FILED JAN 25 1943
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 61

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:
Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour
(Specify whether years, months or days)

In this community 58 years 1 month 17 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2007 Washington Avenue.
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Arthur Elane Neudorff

3. (b) If veteran, name war No

3. (c) Social Security No. /

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Nellie Neudorff

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 15 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>17</u>	hr. min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Examiner

11. Industry or business State of Missouri.

12. Name George Neudorff

13. Birthplace Platte City Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Bodenhausen

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Neudorff (wife)

(b) Address 2007 Washington Ave., St. Joseph.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1/5/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. Faraon St., St. Joseph, Mo.

19. (a) 1-5-43 (Date received local registrar)

(b) Roe Heigoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.
year 1943 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from on
Jan 2nd, 1943 to 19
that I last saw him im. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day

Due to General Arteriosclerosis 2 yrs

Due to Diabetes mellitus 2 yrs

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Man died suddenly while sitting in his chair after attending a lodge on his way home

Of operation No

Of autopsy No

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?.....

While at work?..... (Specify type of place)

(e) Means of injury Coroner

23. Signature H. J. Murphy (M. D. or other) Coroner

Address 404 So 3rd St Date signed 1/2/43

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

MOTHER FATHER

1233

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.