

FILED MAY 1 1944

Registration District No. 1779

Primary Registration District No. 1002

Registrar's No. 1521

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Trinity Lutheran S  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 min  
(Specify whether years, months or days) 35 min

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Carroll?  
(c) City or town Miami Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACKIE ERVIN NEIDHOLDT

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased 4 - 10 - 44  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 35 min.

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Elmer Ervin Neidholdt  
13. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ellen Barker  
15. Birthplace Miami Station Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mother  
(b) Address Miami Station Mo  
17. (a) Burial (b) Date thereof 4-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director Multon Stanley  
(b) Address Carrollton Mo  
19. (a) 4-12-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1944 hour 6 minute 3 P.M.  
21. I hereby certify that I attended the deceased from April 10 1944 to April 10 44  
that I last saw h. alive on April 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration  
Delivery - long labor  
hypertension in mother  
Due to Bowel contraction  
Ring  
Due to Versum Extracting  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to 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?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
13. Signature Eugene T. Ferguson (M. D. or owner)  
Address \_\_\_\_\_ Date signed 4-11-44

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.....

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, fact should be so stated above.**