V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21015

Registration District No. JUL 11 1945 274 Primary Registration District No. 5937 Registrar's No. 153

80 0 0

1. PLACE OF DEATH:

(a) County Pettis (Washington)
(b) City or town Green Ridge, (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Manilla
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ten years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Green Ridge (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. near Manilla (Washington township)
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Minnie Neffendorf

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Phillip Neffendorf 6. (c) Age of husband or wife if alive ** years

7. Birth date of deceased March 15, 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Jacob Schneck
13. Birthplace unknown, (City, town, or county) unknown (State or foreign country)
14. Maiden name Christiana Zellers
15. Birthplace Pilot Grove, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Neffendorf (son)
(b) Address 1700 E. 5th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation Anticoh Cemetery

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.

19. (a) 6/12/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11, year 1945 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from 1940, 19 to 6-11, 1945 that I last saw he alive on 6/7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensated heart	5 yrs
Due to arterio sclerosis	8 yrs
Due to — —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 950	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D P Dyer (M. D. or other)
Address Sedalia Mo Date signed 6/12/45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
Reference File Number
Date Filed 7/9/45

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: Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.