

FILED DEC 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 167

Primary Registration District No. 3032

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 Grover  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not  
(Specify whether years, months or days)

In this community 27 yrs;

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 112 Grover 21  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Isodora Neff

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10  
year 1945 hour 10 minute 20 A. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Geo. Neff 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Aug. 10 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18 1945 to Nov 10 1945  
that I last saw him alive on Nov 10 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 3 Days 0  
If less than one day hr. min

Immediate cause of death Chronic Myocarditis 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

10. Usual occupation House keeper

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

11. Industry or business Home

Of autopsy 930

12. Name John L. Trapp

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Stockton

15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. B. Wood

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 11-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

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) Means of injury M. D.

23. Signature [Signature] M. D.

Address Warrensburg Mo. 11-12-45  
Date signed

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

11256

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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.....

*J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.**