

No. 2
12-45
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

33696

FILED OCT 28 1946

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4334

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5100 EUCLID AVENUE /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 58 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5100 EUCLID AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. EMMA NEIDENBERGER

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

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. GEORGE J. NEIDENBERGER
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 11 1856
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>2</u>	hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name FRANCE DEGEN

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

14. Maiden name EULALIE OTT

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

16. (a) Informant J. Neidenberger

(b) Address 311 East 66th St

17. (a) BURIAL (b) Date thereof OCT-16-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLYD.

19. (a) 10-15-46 (b) Thereldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER, day 13TH
 year 1946 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from JUNE, 1944, to _____, 19____;
 that I last saw her alive on OCT. 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death CANCER BREAST, L. Duration 5 yrs

Due to _____

Due to _____

Other conditions: 50
 (Include pregnancy within 3 months of death)

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? _____

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

23. Signature A. C. [unclear] (M. D. or other) _____

Address [unclear] Date signed OCT. 1946

4-1
4-10
[Redacted]

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 *Carl Tapp*
Licensed Embalmer No. *3458*
P. O. Address *R.C. M.*

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.