

Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **1310**

1. PLACE OF DEATH:

(a) County Buchanan mo

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

(c) Name of hospital or institution: 917 South 20th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 917 S 20 St Joseph mo

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Buchanan

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

(d) Street No. 917 S 20 St Joseph
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME OLLIE NEIDIG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1946 hour 10 minute P.M.

3. (b) If veteran, name war no

3. (c) Social Security No. no

21. I hereby certify that I attended the deceased from 1943 19... to 11/25/46 19...
that I last saw her alive on 11/25/46 19...
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Arteriosclerosis Duration
Stroke on right side

6. (b) Name of husband ORA NEIDIG 6. (c) Age of husband 77 years

7. Birth date of deceased July 20 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 5
If less than one day hr. min.

Due to _____
Due to _____

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

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations — 97

12. Name James Michael

Of autopsy no

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

14. Maiden name Elizabeth Thompson

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

16. (a) Informant ORA NEIDIG

(b) Address 917 S 20 St Joseph

17. (a) Removal (b) Date thereof 11/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. J. Martin

(b) Address Platteburg

19. (a) Nov. 26, 1946 (b) J. C. Jenkins City
(Date received local registrar) (Name of Registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 — 0

23. Signature D. J. Stamey (M. D. or other)

Address 262 1/2 St Joseph Date signed 11/25/46

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

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

Joe L Martin

Licensed Embalmer No. *4303*

P. O. Address

Plattburgh

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.

1