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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30451

Primary Registration District No. 1000

Registrar's No. 1130

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2021 Jones Street 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Emily Elizabeth Neidinger

3. (b) If veteran, name war None

3. (c) Social Security No. 488-22-7398

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Otto L. Neidinger

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 25 (Day) 1902 (Year)

8. AGE: Years 45 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Bayfield (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name John Howard Avery
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Mary Guyot
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Otto L. Neidinger
(b) Address 2021 Jones St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-24-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12, 1947 to Sept 20, 1947; that I last saw her alive on Sept 20, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Broncho-pneum. | 9/17/47 |
| Due to Following opr - 9/16/47 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations adhesions obstructing Stomach -

Of autopsy 129

PHYSICIAN — Underline the cause of 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 0

23. Signature Frank H. Hardegar (M. D. or other)

Address 620 Frances St. St. Joseph, Mo. Date signed 9/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.