V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31356

FILED OCT 11 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4192

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

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: 6341 WALNUT STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 14 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 6341 WALNUT STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: MRS. EMMA LILLIAN NEDDERSEN
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. JOHN NEDDERSEN
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: JULY (Month) 29 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: ----

FATHER
12. Name: AUGUST ZINK
13. Birthplace: MILWAUKEE (City, town, or county) WISCONSIN (State or foreign country)

MOTHER
14. Maiden name: LOUISE KERN
15. Birthplace: CHICAGO (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant: MRS. C. A. McGILL
(b) Address: 6341 WALNUT STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEMETERY
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 10-4-47 (Date received local registrar) (b) Geraldine Helms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 2ND year 1947 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 30, 1947 to Oct 2, 1947 that I last saw he alive on Oct 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	
Major findings: Of operations:	
Of autopsy: None	

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): 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: David B. Johnson (M. D. or other)
Address: 928 Prof Bldg Date signed: 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

928 Professional Bldg.
1-5

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City 3, 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.