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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8845

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1358

WRITE PLAINLY—USE 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:
518 1/2 W 14th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 21 Years

3. (a) PRINT FULL NAME Sophia Henrietta Neligh

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ambrose F.B. Neligh

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

7. Birth date of deceased 12-24-1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 3 3 hr. min.

9. Birthplace West Point Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles H. Wilde

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

{ 14. Maiden name Unknown

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

16. (a) Informant Charles H. Neligh

(b) Address 518 1/2 W 14th St.

17. (a) Removal (b) Date thereof 3-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point, Neb.

18. (a) Signature of funeral director Gibson & Son

(b) Address Kansas City, Kansas

19. (a) 3-27-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 518 1/2 W 14th St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1948 hour 10 minute 40 a.m.

21. I hereby certify that I attended the deceased from
Aug. 24, 1948, to Mar. 27, 1948,
that I last saw her alive on Mar. 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertensive cardio-vascular disease

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

Major findings:
Of operations 43 D

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? _____

23. Signature Charles A. Volz
Address Kansas City, Mo. Date 3/27/48

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

Duration 20 min.

5 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 George M. Malloy

Licensed Embalmer No. 2798

P. O. Address K. E. K.

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.