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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1948

Registration District No. 251

Primary Registration District No. 3048

State File No. 30514

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
In this community 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 417 East First
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RACHAEL E. DEARDORFF

3. (b) if veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John P. Deardorff
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb. 21 1883
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
65 7 7 hr. min.

9. Birthplace Maryville Nodaway Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Rudolph Neidel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Boedeker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John P. Deardorff
(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 10/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 10-2-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Sept 28
1948 to Sept 28 1948.
that I last saw her alive on Sept 28 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
3rd degree burns of chest, back, legs
Due to ultrafire furnace

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 28-48
(c) Where did injury occur? Maryville - Nodaway - Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)
(e) Means of injury Direct flame

23. Signature B. J. Beard (M. D. or other) MD
Address Maryville Mo. Date signed 10-1-48

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

APR 5 1926

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.