No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35708

State File No.

FILED NOV 29 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1257

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: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks
In this community: 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74
(a) State: Missouri (b) County: Nodaway
(c) City or town: Elmo 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Elmo 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: FLOYD NEEDHAM
3. (b) If veteran, name war: None
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Grace
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: February (Month) 12, (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
55	9	9	hr. min.

9. Birthplace: Elmo, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Daniel Needham 0
13. Birthplace: Elmo, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Alice Summers
15. Birthplace: ---- (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. J. O. Conner
(b) Address: 2906 No. 9th St., City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmo, Missouri
18. (a) Signature of funeral director: Elmer M. Price
(b) Address: Maryville, Mo.
19. (a) 11-24-48 (Date received local registrar) (b) Ella Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 1:40 minute P M.
21. I hereby certify that I attended the deceased from November 1942, to Nov 21, 1948, 19..; that I last saw him alive on Nov 21, 1948, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Probable coronary occlusion	5 min.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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):
(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) 2
While at work? (e) Means of injury:
23. Signature: Warren Ford XXXX or other D.O.
Address: Elmo, Missouri Date signed: 11-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7-1 1960

VS JUL 1 - 1960

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.