FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949
Registration District No. ____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40286

Registrar's No. 5266

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: St. Joseph 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: 36 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") 0

(d) Street No.: 2305 Indiana
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: William Neudorff

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Fairy M. Neudorff

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: 12 (Month) 22 (Day) 1873 (Year)

8. AGE: Years 75 | Months 03 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired Hardware Merchant

11. Industry or business: ____

FATHER
12. Name: No Redord - Neudorff
13. Birthplace: No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fairy M. Neudorff
(b) Address: 2305 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Muncie-Leavenworth Ks.

18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Mo.

19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th. year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1948, to Dec 25, 1948; that I last saw him alive on Dec 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Dissecting aneurysm (n.s.)	immediate
Due to: myocardial degeneration - arterial change	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Coronary heart disease	

Major findings:
Of operations: 93 D
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): ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place) 0
While at work? ____ (e) Means of injury: ____

23. Signature: Wm. R. Jackson (M. D.)
Wm. R. Jackson
Address: 1107 Burnett Bldg. Date signed: 12/27/48

(Licensed Embalmer's Statement on Reverse Side)

1-5-[illegible]

Bryant Bldg.

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.....Joe B. Yoder

Licensed Embalmer No.....4173

P.O. Address.....K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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