

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1383

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 40 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4529 WASHINGTON STREET		d. STREET ADDRESS (If rural, give location) 1809 EAST-37 TH STREET	

3. NAME OF DECEASED (Type or Print) Mrs. MARY BERTHA PFEIDERER			4. DATE OF DEATH (Month) (Day) (Year) JAN-6-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT-5-1875		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN BAUER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ERNEST PFEIDERER			
-------------------------------------	--------------------------------------	-------------------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs AMELIA REDDING 4529 WASHINGTON AVE			
----------------------------------------------------------------------------------------------------------------	---------------------------------	-------------------------------------------------------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis and mitral lesion				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Chronic Nephritis				About 2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Chronic Nephritis 592				before

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	------------------------------------------	--	--	--	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? about
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	-------------------------------------

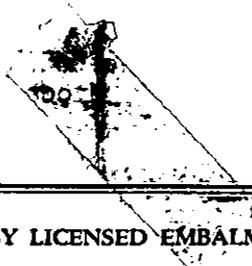
22. I hereby certify that I attended the deceased from about 1939 to Jan 6, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at _____ m., from the causes and on the date stated above:

23a. SIGNATURE James W. Graham (Degree or title) James W. Graham M.D.	23b. ADDRESS 518 Argyle Bldg.	23c. DATE SIGNED 1/7/49
--------------------------------------------------------------------------	----------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan-8-1949	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
-----------------------------------------------------	-------------------------	----------------------------------------------------------	-----------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. 1-8-49	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer's Home 1421 BRUSH CREEK BLVD. R.C.M.D.		
------------------------------------	-------------------------------------------	-----------------------------------------------------------------------------------------------------	--	--

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



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Bernard L. Goran*

Licensed Embalmer No. *4250*

P. O. Address *M. C. 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.