

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37439**
4917

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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) KANSAS CITY		c. LENGTH OF STAY (in this place) 30 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1810 WASHINGTON AVENUE				d. STREET ADDRESS (If rural, give location) 1810 WASHINGTON AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS			b. (Middle) _____		c. (Last) NIEDERKORN		4. DATE OF DEATH (Month) (Day) (Year) NOV. 18 - 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-1-1894	9. AGE (In years last birthday) 65 YEARS	IF UNDER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 24 HRS: HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL BISCUITS		11. BIRTHPLACE (State or foreign country) ALTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY NIEDERKORN		13b. MOTHER'S MAIDEN NAME ANNA ALTENDORF		14. NAME OF HUSBAND OR WIFE MRS. CAROLINE NIEDERKORN			
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. 487-09-5097		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. CAROLINE NIEDERKORN 1810 WASHINGTON KANSAS CITY, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarction ANTECEDENT CAUSES DUE TO (b) arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 42 d	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 A. m., from the causes and on the date stated above.							
22a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, Coroner				22b. ADDRESS 1034 East 10th Blvd		22c. DATE SIGNED 11-18-49	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Nov 20 1949		23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) ALTON ILLINOIS	
DATE REC'D BY LOCAL REG. 11-19-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO	

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 John C. Fraking
.....

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.