

STANDARD CERTIFICATE OF DEATH

State File No. **45694**

Loy 2-23-54

BIRTH **WED FEB 23 1954** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **26**

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY (If outside corporate limits, write RURAL and give town) **Nevada**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION **507 S. cedar St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.**
 b. COUNTY **Vernon**
 c. CITY (If outside corporate limits, write RURAL and give township) **1082**
 d. STREET ADDRESS (If rural, give location) **507 S. Cedar St.**

3. NAME OF DECEASED
 a. (First) **Emma** b. (Middle) **Knoderer** c. (Last) **Knoderer**
 d. DATE OF DEATH (Month) (Day) (Year) **12/27/53**

5. SEX **female** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **widowed** **8. DATE OF BIRTH** **07-13-1879** **9. AGE** (In years last birthday) **74** **IF UNDER 1 YEAR** Months Days **0** **IF UNDER 24 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY**
11. BIRTHPLACE (State or foreign country) **Fayette, Missouri** **12. CITIZEN OF WHAT COUNTRY** **U.S.A**

13a. FATHER'S NAME **F. A. Larson** **13b. MOTHER'S MAIDEN NAME** **Klein** **14. NAME OF HUSBAND OR WIFE** **Anthony Knoderer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **no** **16. SOCIAL SECURITY NO.** **no** **17. INFORMANT'S SIGNATURE OR NAME** **Tony Knoderer** **ADDRESS** **Nevada, 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage** **INTERVAL BETWEEN ONSET AND DEATH** **1 day**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** **DUE TO (b)** **Hypertension** **Don't know**
DUE TO (c) **II. OTHER SIGNIFICANT CONDITIONS** **Conditions contributing to the death but not related to the disease or condition causing death.** **Deforming arthritis** **Don't know**

19a. DATE OF OPERATION **none** **19b. MAJOR FINDINGS OF OPERATION** **none** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **none** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Nevada Vernon Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none** **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **none**

22. I hereby certify that I attended the deceased from **12/24, 1953, to 12/24, 1953,** **that I last saw the deceased alive on** **12/24, 1953,** **and that death occurred at** **5 PM.,** **from the causes and on the date stated above.**

23a. SIGNATURE **[Signature]** (Degree or title) **23b. ADDRESS** **Nevada Mo** **23c. DATE SIGNED** **1/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** **24b. DATE** **12-30-54** **24c. NAME OF CEMETERY OR CREMATORY** **Newton Cemetery** **24d. LOCATION** (City, town, or county) (State) **Nevada, Mo**

DATE REC'D BY LOCAL REG. **9-20-1954** **REGISTRAR'S SIGNATURE** **[Signature]** **451** **25. FUNERAL DIRECTOR'S SIGNATURE** **Eichinger** **ADDRESS** **Funeral Home, Nevada, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

1082

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 Percy F. Michette
Licensed Embalmer No. 4805
P. O. Address Navasota, 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.