

RECEIVED FEB 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1588
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 76
 (b) Township Cedar Primary Registration District No. 51107
 (c) City Hartsburg (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. B

2. PRINT FULL NAME Mrs. Emma Nieghorn

(a) Residence, No. R.F.D.#1, Hartsburg, Missouri (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorenz Nieghorn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-7-1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. "
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

FATHER 13. NAME Louis Loesch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

MOTHER 15. MAIDEN NAME Maria Erhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

17. INFORMANT Lorenz Nieghorn
(ADDRESS) Hartsburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Jan-6-- 1935

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jefferson

20. FILED 27800 1935 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1935
 22. I HEREBY CERTIFY That I attended deceased from 12-20, 1934, to 1-4, 1935
 I last saw her alive on 1-4, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
stroke

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Symptoms Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L.P. Magee, M. D.
 (Address) Hartsburg Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.