

Dr. Bedford

Registration District No. **213**

Primary Registration District No. **5293**

Registrar's No. **76**

26

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. #2, Jefferson City, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community 265
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elanora M. Nieghorn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Otto W. Nieghorn 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 27 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>2</u>	hr. _____ min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name Frederick Korsmeyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Margaret C. Beck

15. Birthplace Honey Creek, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Nieghorn

(b) Address R. F. D. #2, Jefferson City, Mo

17. (a) Burial (b) Date thereof 3-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Wm. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 3/29/40 (b) D. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson
(If outside city or town limit, write "RURAL")

(d) Street No. R. R. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May, 1938, to May 29, 1940;
that I last saw her alive on May 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver -

Due to metastasis from breast

Due to 50

Other conditions (include pregnancy within 3 months of death) _____

Duration

Major findings: Carcinoma of breast

Of operations _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. Bedford (M. D. or other) M.D.

Address Jeff. City, Mo Date signed 3/29/40

DEC 14 1945

NOV 28 1947

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

Thos J Gordon

Licensed Embalmer No.

1786

P. O. Address

Jefferson 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, above space should be left blank.