

FILED JAN - 8 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 398

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1700 East 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Hampton Neffendorf

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Neffendorf 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June 7, 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Richard L. Hampton

13. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Young

15. Birthplace Columbus, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Neffendorf (husband)

(b) Address 1700 East 5th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 12/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Quane Ewing

(b) Address Sedalia, Missouri

19. (a) 12/12/42 (b) Miss Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1700 East 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from for the last two months. 1942 to 1942
that I last saw her alive on December 8th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Sarcema of the Spine. Duration ?

Due to

Due to

Other conditions None other
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No.

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) No.

(b) Date of occurrence None.

(c) Where did injury occur? None (City or town) (County) (State)

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

No. (Specify type of place)

While at work? Yes Means of injury Job

23. Signature Dr. E. Carlisle, M.D. (M. D. or other)

Address Sedalia, Mo. Date signed 12-11-42

This woman when she was first taken sick was a patient of Dr. Gordon Stauffacher who is now in the U.S. Army. A diagnosis was made of Sarcoma of the Spine and she was sent to the State Cancer Hospital at Columbia, Missouri where she was treated. I inherited her some two months ago.

Sedalia, Missouri,

December 11th, 1942.

John B. Carlisle M.D.
John B. Carlisle, M.D.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-6-43

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

Quane Eversing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.