

REC'D APR 18 1938

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

11641  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Nodaway Registration District No. 617  
(b) Township Grant Primary Registration District No. 5819 Registered No. 6  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Unnamed Nelson  
(a) Residence, No. Bolehow Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mch-2-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) near Bolehow Mo13. NAME Roy Nelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Emilyn Anderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Father (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE quitted no. graves cemetery DATE March 3 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. C. Reynolds  
quitted no.20. FILED 3/18 1938 Chas. D. Humboldt Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1938

22. I HEREBY CERTIFY, That I attended deceased Drum Mch 2, 1938, to ..... 19.....  
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Stillborn  
Asphyxia

Date of onset

Other contributory causes of importance:

Name of operation none Date of.....  
What test confirmed diagnosis? none 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) W. S. ..., M. D.  
Bolehow Mo.

STATEMENT OF DEATH BY LICENSED EMBALMER  
COMMONWEALTH OF MASSACHUSETTS  
2007-01-01 TO 2007-12-31

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.