

DEC 18 1938

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

44579  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 175  
 (c) City Marshall (d) Street No. Loggibone Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Tollivar Nelson

(a) Residence, No. Marshall, Mo. R.F.D. 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) March 29, 1886

7. AGE YEARS 52 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) Preston, Mo.

FATHER 13. NAME Jesse Nelson

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

MOTHER 15. MAIDEN NAME Elizabeth Samples

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

17. INFORMANT G.W. Nelson,  
(ADDRESS) Henderson, IOWA

18. BURIAL, CREMATION, OR REMOVAL PLACE Preston, Mo. DATE Dec. 6, 1938

19. FUNERAL DIRECTOR J.L. Sweeney,  
(ADDRESS) Marshall, Mo.

20. FILED 12-5-38 Mary Kent  
Dec. 7 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from held inquest 19... to 12-4, 1938

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Struck by a moving truck & fractured lung - accidental

Date of onset

Other contributory causes of importance: 210 ym

Name of operation... Date of...  
 What test confirmed diagnosis?... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury... 19...  
 Where did injury occur? Loggibone Hospital  
 (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) B. C. Bradshaw, M. D.

(Address) Arrow Rock, Mo.  
712 Salina, 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
1/10/39  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I, J. Leslie Surrusny, Licensed Embalmer No. 3235  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by: myself

..... L. E. ....  
No. .... or by .....; Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Leslie Surrusny  
Licensed Embalmer No. 3235

**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.)**