

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

32820  
Do not use this space.

### 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township 1 Primary Registration District No. 3020 Registered No. 175  
 (c) City Carthage (d) Street No. McCune-Brooks 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

### 2. PRINT FULL NAME Pauline Louise Nelson

(a) Residence, No. 1053 Forest St. Carthage 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 Female 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>17</u>	<u>1</u>	<u>26</u>		

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

12. BIRTHPLACE (CITY OR TOWN) Bentonville,  
 (STATE OR COUNTRY) Arkansas

FATHER  
 13. NAME Ed. D. Nelson  
 14. BIRTHPLACE (CITY OR TOWN) Arkansas  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Mamie Lee Henry  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Mr. & Mrs. Ed. D. Nelson  
 (ADDRESS) 1053 Forest St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Hill Cemetery 9-19-39

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home  
 (ADDRESS) Carthage, Mo.

20. FILED Sept. 18, 1939 E. J. McEntire, M.D.  
 Local Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 26, 1939, to Sept 16, 1939

I last saw her alive on Sept 16, 1939 Death is said to have occurred on the date stated above, at 6P m.

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

acute Hepatitis  
Cirrhosis of liver

Date of onset

Other contributory causes of importance: 124 b

Name of operation none Date of             
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) George H. Wood, M. D.  
 (Address) Carthage 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. 6,

District File Number 1039-4991

Date Filed OCT 5 1939

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**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..... *Edle...*

Licensed Embalmer No. 2222

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.**