

No. 2  
11-10-39  
5-17-39  
1 X2142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2271

FEB 17 1940

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 6

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

1. PLACE OF DEATH: Dunklin  
 (a) County Dunklin  
 (b) City or town Malden Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Home, Malden  
 In this community Most of life (all) (Specify whether years, months or days)

8. (a) PRINT FULL NAME Gladys Nelson 425  
 3. (c) Social Security No. \_\_\_\_\_  
 3. (b) If veteran, name war \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Geo. Nelson 6. (c) Age of husband 40 years  
 7. Birth date of deceased Sept 29 1920  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	3	15	hr. _____ min. 0

9. Birthplace Kennett Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business Own home  
 12. Name: W. O. Stafford  
 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Paula Reggs  
 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Husband Geo. Nelson  
 (b) Address Malden Mo.  
 17. (a) Burial (b) Date thereof Jan. 16 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial Malden Cemetery  
 18. (a) Signature of funeral director Louise James  
 (b) Address Campbell Mo.  
 19. (a) 1/13/40 (b) S. E. Mitchell  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Malden Mo. (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 14<sup>th.</sup>  
 year 1940 hour 7:40 minute P. M.  
 21. I hereby certify that I attended the deceased from 1/13/1940  
 \_\_\_\_\_, 19\_\_\_\_, to 1/14, 1940  
 that I last saw her alive on 1/14, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 1/2  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Dehydration 4 days  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  Of operations  
 Of autopsy

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 S. E. Mitchell (M. D. or other) 1  
 Address Malden Mo. Date signed 1/15/40

RECEIVED

District Health Officer No. 2,

District File Number 240-555

Date Filed 2/8/40

**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.)

*2/8/40*

If this body is not embalmed, above space should be left blank.