

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3052

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 32

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: St. Elizabeth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louis F. Nelson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Nelson 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 17 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 19 hr. min.

9. Birthplace Marion County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER
12. Name Arthur Nelson
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Melvina Byng
15. Birthplace Washington, D.C.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Anna Nelson
(b) Address Palmyra Mo.

17. (a) Removal & Burial (b) Date thereof 1/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cemetery Palmyra, Mo.

18. (a) Signature of funeral director C. J. Shugart
(b) Address Palmyra, Mo.

19. (a) 1-23-40 (b) St. C. G. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(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 19th
year 1940 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 15th 1940 to Jan 19 1940
that I last saw him alive on Jan 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____
Due to arterial sclerosis
hypertension
Due to Old nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 121
Of autopsy _____
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) ✓
(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 St. C. G. Fisher (M. D. or other) 1
Address Palmyra Mo. Date signed _____

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

1 X 1931

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 E. J. Sprague
Licensed Embalmer No. 3245
P. O. Address Palmyra, 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, above space should be left blank.