DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7314

Registration District No. 1072 Primary Registration District No. 5716 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Macon

(b) ~~City or town~~ Ten Mile Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community 68 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Macon, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 68 years.

3. (a) PRINT FULL NAME Chris Nelson 425

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 24 (Day) 1851 (Year)

8. AGE: Years 88 Months 10 Days 24 If less than one day ✓ hr. ✓ min.

9. Birthplace Denmark (City, town, or county) ? (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ✓

FATHER
12. Name Neils Madson ?
13. Birthplace Denmark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Nelson
15. Birthplace Denmark (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mark Nelson Jr.

(b) Address Macon Mo.

17. (a) Macon Mo (Burial, ~~cremation, or removal~~) (b) Date thereof 2-18-40 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Woodlawn Cem

18. (a) Signature of funeral director Stephens & Goodding

(b) Address Macon, Mo. 491

19. (a) 3/2/40 (Date received local registrar) (b) Leslie Newton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17" year 1940 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 3 1940, 19__, to Feb 17 1940, 19__; that I last saw him alive on Feb 16 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Influenza	4 days
Due to	
Other conditions Neuritis of right arm (Include pregnancy within 3 months of death)	1 month

Major findings: Of operations none

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature D. L. Harlan (M. D. or other) IMD

Address Clarence, Mo. Date signed Feb 23

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-3-60
Date Filed MAR 8 1940

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.