

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community \_\_\_\_\_  
years, months or days) 11.5

3. (a) PRINT FULL NAME Ada M Nelson

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

4. Sex Female 5. Color or race white 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 unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87-89 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Morton Nelson

13. Birthplace N.Y. S.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Farland Nelson

15. Birthplace N.Y. S.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ada M Nelson

(b) Address Hannibal Mo

17. (a) Palmyra Mo (b) Date thereof 2-13-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo.

18. (a) Signature of funeral director B. M. Allen

(b) Address Philadelphia Missouri

19. (a) Feb 19 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Date of registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 614 Hill Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10  
year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 10-31  
Feb 10, 1940, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on Feb 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) MI

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_  
(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 A. J. Blue (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed \_\_\_\_\_

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

REV. 5-17-39 I 193511

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

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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.....

B. M. Allen....., Registered Apprentice No.....

working under my personal supervision.

Signed B. M. Allen.....

Licensed Embalmer No. 2427.....

P. O. Address Philadelphia Missouri.....

**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.**