

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.

Registration District No. 709

Primary Registration District No. 6291

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Humanville (Rural)
 (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 _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME GEORGE NELSON
 3. (b) If veteran, name was Spanish Am
 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 Cora Nelson
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Aug 18 1875
 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 29
 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Hayden Nelson

13. Birthplace Ky
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Henry

15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cora Nelson

(b) Address Humanville Mo R1

17. (a) Rural (b) Date thereof Apr 20 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roads Cem

18. (a) Signature of funeral director Joseph P. Frazier
 (b) Address Humanville Mo

19. (a) May 3 40 (b) Veda Mckracken
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Polk
 (c) City or town Humanville (Rural)
 (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 Apr day 18
 year 1940 hour _____ minute 1 P.M.

21. I hereby certify that I viewed the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Not sure but looked like coronary occlusion
 Due to _____
 Due to _____

Other conditions 94%
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? 637

(e) Means of injury _____ (Specify type of place) _____

23. Signature J. Hutcherson _____
 Address Bolivar Mo Date signed 4-18-40

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 *Ralph a Joseph*
Licensed Embalmer No. *3149*
P. O. Address *Hiramsville*

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.