

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: 2524 South 17th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2524 South 17th St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th  
year 1940 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1939 to May 17, 1940;  
that I last saw her alive on May 17, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of Stomach  
Grenomy.

Duration

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

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

Other conditions Arteriosclerod.  
(Include pregnancy within 3 months of death)

Major findings: Opn Mayo Clinic Dec. 1939.  
Of operation Cancer of Stomach  
Of autopsy No

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) Years of injury \_\_\_\_\_

23. Signature Frank J. Nelson (M. D. or other)  
Address Franklin 3147 Date signed 5/21/40

3. (a) PRINT FULL NAME Sue M. Nelson 425

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

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

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 30, 1882  
(Month) (Day) (Year)

8. AGE: 57 Years 7 Months 20 Days  
If less than one day \_\_\_\_\_ hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name Michael O' Donnell

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

14. Maiden name Helen Flynn

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

16. (a) Informant Frank J. Nelson

(b) Address 2524 South 17th

17. (a) Burial (b) Date thereof May 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral

(b) Address 218 South 10th St

19. (a) 5/22/40 (b) Frank J. Nelson  
(Date received local registrar) (Registrar's signature)

MAR 8 1948

MAR 5 1948

1948

**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 John E. Myers  
Licensed Embalmer No. 3220  
P. O. Address St. Joseph, 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.