

11-10-39
5-17-59
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18124

JUN 20 1940

State File No. _____

Registration District No. 134

Primary Registration District No. 4088

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Gunn City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Gunn City
(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.? 72 years.

3. (a) PRINT FULL NAME Nelson Mickelson

8. (b) If veteran, name was None 8. (c) Social Security No. None

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christine Nelson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 29 1848
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 19 If less than one day hr. 7 min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Mickelson
13. Birthplace Karebeksmenden Denmark
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Maren Larsen
15. Birthplace Karebeksmenden Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amy Chamberlin
(b) Address Gunn City, Mo.

17. (a) Burial (b) Date thereof Apr. 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gunn City, Mo.

18. (a) Signature of funeral director A. H. Hoffer
(b) Address East Lynn, Mo.

19. (a) Apr 4/40 (b) Edward Hoffer
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1940 hour _____ minute 11 M.

21. I hereby certify that I attended the deceased from 7:10-40
_____ 19, to 7:17-40 19

that I last saw him alive on 7:17-40 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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? 147

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Hoffer (M. D. or other) _____

Address Missouri Date signed 4-20-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

A. W. Hartzler

Licensed Embalmer No.....

2717

P. O. Address.....

East Lynne, 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.