

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

Rev. 5-17-30
I 11931

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.

State File No. _____

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: Pike County
 (a) County Pike County
 (b) City or town Louisiana, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Louisiana
 (If outside city or town limits, write "RURAL")
 (d) Street No. 111 Georgia St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William M Nelson 425
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19
 year 1940 hour 6 minute 45 a. M.

4. Sex male 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 June 11 - 68
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 16, 1940, to May 19, 1940
 that I last saw him alive on May 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Asthma Duration 3 or 4 months
 Due to _____ from history of case
 Due to _____

8. AGE: Years 71 Months 11 Days 8 If less than one day _____ hr. _____ min.
 9. Birthplace Pike County, Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation laborer
 11. Industry or business 9
 MOTHER FATHER { 12. Name James Nelson
 13. Birthplace (?)
 14. Maiden name Nancy Ellen Lawrence
 15. Birthplace Cox Co Mo

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? _____

16. (a) Informant's own signature Mae Northcutt
 (b) Address Louisiana Mo
 17. (a) Burial (b) Date thereof 5/21/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Reverview Cem Ja Mo
 18. (a) Signature of funeral director To Haley
 (b) Address Louisiana Mo 670
 19. (a) 5720-40 (b) To Haley
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature J M Pearson (M. D. optional) _____
 Address Louisiana Mo Date signed 5/19-40

RECEIVED

District Health Officer No. 10

District File Number 6-40-1114

Date Filed JUN 6 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.....

George O. Wagner, Registered Apprentice No.
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.