

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **120**

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

**1. PLACE OF DEATH**

(a) County Randolph **3**

(b) City or town Moberly

(c) Name of hospital or institution: RR Tracks west of Hickley St crossing

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Okla (b) County \_\_\_\_\_

(c) City or town Okla City

(d) Street No. RR #4 Melville Road

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** WILLIAM NIELSEN 425

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 13<sup>th</sup> year 1940 hour 12 minute 20 P. 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 March-27-1893

21. I hereby certify that I attended the deceased from Coroners base that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above

Immediate cause of death Natural, but not determined

**8. AGE:** Years 47 Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Due to 200W

Other conditions none

9. Birthplace Okla City Okla

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Unknown LABORER

**MOTHER FATHER**

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

12. Name Chris Nielsen

13. Birthplace Unknown

14. Maiden name Gustave Ralph

15. Birthplace Unknown

**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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Ernest Nielsen

(b) Address RR #4 Melville Road Okla City Okla

17. (a) Burial (b) Date thereof Jan 2-18-40

(c) Place: burial or cremation Moberly Missouri

23. Signature W. H. Shrader (M. D. or other) owner

Address Moberly, Mo. Date signed 6-13-40

18. (a) Signature of funeral director How Funeral Home

(b) Address 215 S. 4th St Moberly MO.

19. (a) June 13-1940 (b) Seal of Registrar

RECEIVED

District Health Officer No. 10

District File Number 7-40-1467

Date Filed JUL 15 1940

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**