

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30919**
3482
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Acme
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether)

In this community _____ years, months or days

9. (a) PRINT FULL NAME William H. Nelson

8. (b) If veteran, name war X 8. (c) Social Security No. X

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

6. (b) Name of husband or wife Mrs. Rose Nelson. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 2 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Pike County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Mr. Henry Nelson

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

14. Maiden name Dont Know

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

16. (a) Informant Roy Nelson

(b) Address Adrian, Mo.

17. (a) Renal (b) Date thereof 9-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill

18. (a) Signature of funeral director Creath
(b) Address Adrian, Mo.

19. (a) Sept. 5, 1940 (b) m. m. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. Eight St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1940 hour 4:00 AM M.

21. I hereby certify that I attended the deceased from Aug 10 to Sept 5, 1940.

that I last saw h. m. alive on Sept 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration
phlebotomy

Due to chronic myocardial disease

Due to Prostatic Hypertrophy

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Prostatic Hypertrophy

Of autopsy 93C

PHYSICIAN
— 93C
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) Means of injury _____

23. Signature Arthur Crowe (M. D. or other)
Address 505 Professional Bldg Date signed 9-5-40

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

5327-1-11-1933
Mortuary -
Fleming

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.....

Fred D. Creath....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred D. Creath

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.