

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32711**

Registration District No. **409**

Primary Registration District No. **5808**

Registrar's No. **113**

1. PLACE OF DEATH:
(a) County **Newton**
(b) City or town **RURAL ROUTE 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NONE**
(Specify whether years, months or days) **39 YRS -**

3. (a) PRINT FULL NAME **RAYMOND NIELSON**
8. (b) If veteran, name war **No**
3. (c) Social Security No. **500-05-9748**

4. Sex **MALE**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **CRISPINA NIELSON**
6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **APR 9 1901**
(Month) (Day) (Year)

8. AGE: Years **39** Months **5** Days **9**
If less than one day hr. min.

9. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **" "**

MOTHER FATHER
12. Name **C. NIELSON**
18. Birthplace **DENMARK FOREIGN**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Crispina Nielson**
(b) Address **206 N. Hubbs St. Joplin, Mo.**
17. (a) **BURIAL** (b) Date thereof **9/21/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Funeral Home**
18. (a) Signature of funeral director **Hubbs & Co.**
(b) Address **Joplin Mo. 543**
19. (a) **10-4-40** (b) **Anah S. S. M. D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Newton**
(If outside city or town limits, write "RURAL")
(d) Street **West of Newton**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **18**
year **1940** hour **about 11** minute **a. m.**

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on **Sept. 18**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Asphyxiation
Due to _____
Due to **18 1/2**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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) **Accident**
(b) Date of occurrence **Sept 18 1940**
(c) Where did injury occur? **Rural Newton Co. Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While digging a Well on a Farm
While at work (Specify type of place) **Farm**
(e) Means of injury **Asphyxiation**
23. Signature **Carley Thompson** (M.D. or other)
Address **Neosho Mo** Date signed **9-18-40**

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.

RECEIVED

District Health Officer No. 6,

District File Number 1040-2794

Date Filed OCT 14 1940

MAY 18 1950

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 Sam E. Sencer

Licensed Embalmer No. 4099

P. O. Address Joplin 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.