

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32712

Registration District No. 609

Primary Registration District No. 5818

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Washington
(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:

(If not in hospital or institution, write street number or location)

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

In this community 18 YRS
years, months or days

3. (a) PRINT FULL NAME EVERETT FRANKLIN NIELSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-14-8742

4. Sex M 5. Color or race W 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 Oct 18 1921
(Month) (Day) (Year)

8. AGE: Years 18 LAST Months 11 Days - If less than one day hr. _____ min.

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business " "

12. Name CHRISTIAN NEILSON

13. Birthplace DENMARK - FOREIGN
(City, town, or county) (State or foreign country)

14. Maiden name MARY not American

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

16. (a) Informant's own signature Christian Nielson

(b) Address 206 N. Warless Joplin

17. (a) BURIAL (b) Date thereof 9/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Franklin Wood

(b) Address Joplin Mo. 643

19. (a) 10-4-40 (b) Orval R. Sale, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 206 N. Warless
(If outside city or town limits, write "RURAL")

(d) Street No. West of Warless in Joplin
Joplin (If applicable)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Sept.
year 1940 hour about 11 minute a. M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw him live on Sept. 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Asphyxiation

Due to 187

Due to 187

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? Newton 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 farm.

While at work at home (Specify type of place)

(e) Means of injury asphyxiation

23. Signature Orval R. Sale, M.D. (M. D. or other)
Address Newton 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 1040-2725

Date Filed OGT 14 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.....

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

working under my personal supervision.

Signed Sam E. Senseney Jr

Licensed Embalmer No 4099

P. O. Address Joseph 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.