FEB NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35207

Registration District No. 272 Primary Registration District No. 5393 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Wright Douglas
(b) City or town Vanzant Bruce
(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 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: Douglas
(a) State Mo (b) County Wright
(c) City or town Vanzant
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Henry Nelson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Sara Nelson (D)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 13 (Day) 1846 (Year)

8. AGE: Years 93 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Hamilton (City, town, or county) Ky (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Swalling Nelson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. S. G. Davis
(b) Address Vanzant Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 (Month) (Day) 40 (Year)
(c) Place: burial or cremation Vanzant
18. (a) Signature of funeral director [illegible]
(b) Address Mt Grove Mo
19. (a) (Date received local registrar) (b) Reba K. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan 1st, 1940, to Sept 4, 1940, that I last saw him alive on Sept 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
Due to Rheumatism
Due to
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. L. Vannoy (M. D. or other)
Address Norwood Date signed Oct 23 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140—2800
Date Filed NOV 4 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 George Stapp

Licensed Embalmer No. 3161

P. O. Address [illegible]

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.