

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38600
Do not use this space.

1. PLACE OF DEATH
 (a) County Washington Registration District No. 276
 (b) Township Wagon Wheel Primary Registration District No. 5393 Registered No. 76
 (c) City Vanport (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Henry Nelson
 (a) Residence, No. Vanport, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Nelson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1940
 22. I HEREBY CERTIFY, That I attended deceased from June 5, 1940 to Sept 4, 1940
 I last saw him alive on Sept 3, 1940 Death is said to have occurred on the date stated above, at 10A m.
 The principal cause of death and related causes of importance were as follows:
Stroke of brain Date of onset _____

 Other contributory causes of importance:
Cerebral Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Mo.

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mr. E. W. Dyer
Vanport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vanport DATE Sept 7, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. King
126 E. 1st St.
Vanport, Mo.

20. FILED 12-6 1940 Reha King White
Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. Young M. D.
 (Address) Vanport, Mo.

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.

REC'D DEC 10 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 _____

Licensed Embalmer No. 3161

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.