

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

Registration District No. **744**

Primary Registration District No. **3035**

Registrar's No. **107**

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(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
In this community all life years, months or days) 11

3. (a) PRINT FULL NAME Henrietta Nelson
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Nelson (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 30 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 - 25 _____ hr. _____ min.

9. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Jacobs
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director E. Thurman
(b) Address Richmond Mo.

19. (a) Nov. 26-40 (b) Wm. J. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 315 South Camden Astreet.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1940 hour 3 minute 15. p M.

21. I hereby certify that I attended the deceased from 10-5-40
_____, 19____, to 11-24-40, 19____;
that I last saw her alive on 11-23-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to _____
Due to _____

Other conditions Chronic Nephritis ?
(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) _____

(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 Hos. J. Cook (M. D. or other) M. D.
Address Richmond, Mo. Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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.....

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, fact should be so stated above.