

ED MAR 21 1941

Registration District No. **184**

Primary Registration District No. **4110**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Christian, Mo.
 (b) City or town Ozark
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 21 years, months or days

3. (a) PRINT FULL NAME Mary Ellen Lee Nelson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 10 1874
 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Smith
 13. Birthplace Tennessee
 14. Maiden name Diana Melton
 15. Birthplace Missouri

16. (a) Informant's own signature Louise Kessner
 (b) Address Ozark, Mo.

17. (a) Buried (b) Date thereof Nov 16 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salmon

18. (a) Signature of funeral director G. B. Chaffin
 (b) Address Ozark, Mo.

19. (a) Jan 1 1941 (b) Thetta Leonard
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
 (c) City or town Ozark
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 14, 1940, to _____, 19____; that I last saw her alive on Nov 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death She was born only once her
one time then she was ill
 Due to been sick many years

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 200 B

Major findings: Of operations _____
 Of autopsy _____
 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? 170
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Hady (M. D. or other) _____
 Address Ozark, Mo. Date signed 2-4-41

WHITE PLAIN - USE UNFOLDING DESIGN - 1938
 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 No. 341-485

Date Filed 1909 3 2 10 09

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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Clark 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.