No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6864

Registration District No. 289 Primary Registration District No. 5407 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dunklin

(b) ~~City or town~~ Malden (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible] (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Malden (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME William H Nelson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race wh

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed

6. (b) Name of husband or wife Nettie Nelson

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 10 (Day) 1859 (Year)

8. AGE: Years 81 Months 10 Days 14 If less than one day hr. min.

9. Birthplace — (City, town, or county) 1 Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Nelson
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Nelson

(b) Address Malden, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-25-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden, Mo.

19. (a) 2/24/41 (Date received local registrar) (b) S.E. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I ~~attended the deceased from~~ held a view 2-24, 1941 to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

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 Earl Lamm ~~(M. D. or other)~~ Coroner

Address Senath, Mo. Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 341-360
Date Filed 3/11/46

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.

not embalmed

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.