No. 2
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FILED MAY 10 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13810

Registration District No. 34 Primary Registration District No. 5050 Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Exeter (Route 1) Liberty Tp.
(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
In this community 17 yrs. 9 mo. 22 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Exeter (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. West of Exeter
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GEORGE DANIEL NELSON
3. (b) If veteran, name war —
3. (c) Social Security No. 486-24-3993
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 27 (Day), 1923 (Year)

8. AGE: Years 17 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Ridgley (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Common
MOTHER FATHER
12. Name John D. Nelson
13. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ellie Mae McQueen
15. Birthplace Lee County (City, town, or county) Virginia (State or foreign country)
16. (a) Informant John D. Nelson
(b) Address Route 1, Exeter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Creason Cemetery
18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Mo.
19. (a) April 20-41 (Date received local registrar) (b) Mrs. N. P. Searcy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1941 hour 10:00 PM minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning — Duration
Due to Dead when I arrived
Due to
Other conditions (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) Accident
(b) Date of occurrence April 18, 1941 about 5
(c) Where did injury occur? Exeter (City or town) Barry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm (Specify type of place)
While at work? no (e) Means of injury drowned
23. Signature John R. Eddison (M. D. or other) DO
Address Wheaton Mo. Date signed 4-23-41

(Licensed Embalmer's Statement on Reverse Side) Coroner of Barry Co.

RECEIVED
District Health Officer No. 6
District
Date Filed

RECEIVED
District Health Officer No. 6
District File No. 541-7750
Date Filed MAY 8 1941

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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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, fact should be so stated above.