

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14978
State File No. 22

Registration District No. 461 Primary Registration District No. 3024 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Livingston
(c) Name of hospital or institution: city 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 Life years, months or days

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1941 hour 8 minute 40 A.M.

4. Sex ma 5. Color or race w
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Emily Bell Anderson 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 7 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15, 1941, to April 6, 1941;
that I last saw him alive on April 6, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 5 28 hr. _____ min.

Immediate cause of death Beriberi
Presumed
Duration 10dy
Due to _____
Due to _____

9. Birthplace Lafayette Co. MO
(City, town, or county) (State or foreign country)
10. Usual occupation Kabare

Other conditions Diarrhoea
(Include pregnancy within 3 months of death)
Major findings: small y...
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name not known
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emily Nelson
(b) Address Livingston, MO
17. (a) Burial (b) Date thereof April 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Wendell
(b) Address Livingston, MO
19. (a) May 1 1941 (b) Nelia Bates
(Data received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Livingston, MO Date signed 3/1/41

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

4
3
1

Bylan

OCT 1 1953

RECEIVED
District Health Officer No. 8,
District File Number 5-7-41
Date Filed _____

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 *Garrett J. Mumpel*

Licensed Embalmer No. 3275-

P. O. Address *Levinington, Va*

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.