

Registration District No. **632**

Primary Registration District No. **5834**

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Thayer Rural**
(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 _____
(Specify whether _____)
In this community **21 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon**
(c) City or town **Thayer Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULL NAME **Richard T. Nelson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Josephine Hoyer** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Sept. 11 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Rocky Mount Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Hugh Nelson**

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 **Mrs. R. T. Nelson**

(b) Address **Thayer, Mo.**

17. (a) **Burial** (b) Date thereof **4 13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clifton Cem.**

18. (a) Signature of funeral director **Res Carr 562**

(b) Address **Thayer, Mo.**

19. (a) **May 6, 1941** (b) **Lola E. Johnson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12** year **1941** hour **12** minute **01** A. M.

21. I hereby certify that I attended the deceased from **April 1** to **April 12**, 19**41**.
that I last saw him **alive** on **April 12**, 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis General Anasarca**

Due to _____

Due to _____

Other conditions **Semility A 2H**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **[Signature]** (M. D. or other) _____

Address _____ Date signed **7-27-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Sanitary Health Officer No. 5,

File Number 5 41638

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.....

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.