FILED JUN 16 1941

V. S. No. 2
M—11-10-39
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17493

Registration District No. 149 Primary Registration District No. 4083 Registrar's No.

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Cleveland Mo.
(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 years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Cleveland Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NELLIE AUGUSTINE NELSON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Perry Nelson
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. - 18 - 1897 (Month) (Day) (Year)
8. AGE: Years 44 Months 2 Days 5 If less than one day hr. min.
9. Birthplace Lamour (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Lewis Cass Harris
13. Birthplace Rushville (City, town, or county) Ill. 1 (State or foreign country)
14. Maiden name Ida Elizabeth McKee
15. Birthplace Foresight (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Cleveland Mo
(b) Address Mayor Perry Nelson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation West Union
18. (a) Signature of funeral director Geo. E. Myers
(b) Address Cleveland Mo.
19. (a) May 13-41 (Date received by local registrar) (b) Geo. E. Myers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour 2 minute 5 P.M.
21. I hereby certify that I attended the deceased from May 1, 1941 to May 11, 1941 that I last saw her alive on May 11, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pneumonic Tuberculosis	3 wks
Due to Habitation-exposure	?
Due to	
Other conditions Menopause (Include pregnancy within 3 months of death)	1 yr

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)
(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 W. A. Moore (M. D.)
Address Cleveland Mo Date signed 4/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.