

No. 2
4-13-40
5-17-39
I X23159

FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18843

State File No. _____

Registration District No. 750

Primary Registration District No. 4451

Registrar's No. 1753

1. PLACE OF DEATH: Ripley
 (a) County Ripley
 (b) City or town Doriphan
 (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)
at home
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ripley
 (c) City or town Doriphan
 (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 JOSIE NELSON
 (b) If veteran, ✓ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28
 year 1941, hour 2 minute 30 P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Joseph Nelson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb - 2 - 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-28-1941 to 5-28-1941
 that I last saw her alive on 5-28-1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>3</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death Heart attack Duration _____
 Due to Cirrhosis of liver with general prostration 7 mo
 Due to _____

9. Birthplace Reynolds Arkansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation householder
 11. Industry or business Evangelistic work
 12. Name James Slate
 13. Birthplace Arkansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Richmond
 (City, town, or county) (State or foreign country)
 15. Birthplace Richmond, Mo.
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 124 lb
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant Carl E. Nelson
 (b) Address Doriphan, Mo.
 17. (a) Burial (b) Date thereof 5-30-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Edom Cemetery
 18. (a) Signature of funeral director J. B. Jordan
 (b) Address Doriphan, Mo.
 19. (a) 5-31-41 (b) E. B. Johnston
 (Date received local registrar) (Registrar's signature)

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?
674 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. C. Blanton (M. D. 1941)
 Address Doriphan, Mo. Date signed 5-29-41

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

RECEIVED

District Health Officer No. 5,

Number 6411731

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

J. E. Jordan

Licensed Embalmer No.

3200

P. O. Address

Douphan

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.