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K23159

FILED DEC 11 1941

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal, City
(c) Name of hospital or institution Marblehead Lime Co 3 Shannon St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Benjamin F. Nelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-7076

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

6. (b) Name of husband or wife Mrs. Ella Nelson 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 26 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>25</u>	hr. _____ min.

9. Birthplace Spalding Ralls County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Marblehead Lime Co.

12. Name John Nelson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ava Riley

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Nelson

(b) Address 423 Mark Twain Ave Hannibal, Mo.

17. (a) Burial (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery Hannibal

18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal, Mo.

19. (a) 11/24/41 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal, Missouri 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 423 Mark Twain Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1941 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed by falling rock and car while at work at Marblehead Lime Co. Hannibal, Mo
Killed Instantly.

Due to _____
Due to _____

Other conditions _____
(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) Accident, 119

(b) Date of occurrence November 21, 1941

(c) Where did injury occur? Hannibal Marion Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Marblehead Lime Co.
While at work? Yes - (Specify type of place) Body Crushed
(e) Means of injury Coroner

23. Signature Crawford Smith #####
Address 902 Broadway Hannibal, Mo Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

James A. Moles

Licensed Embalmer No.....

3296

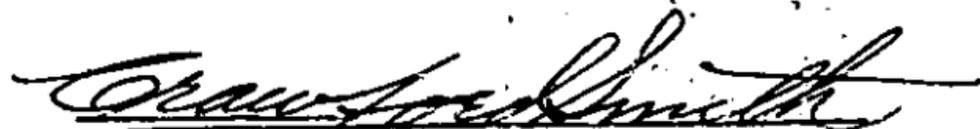
P. O. Address.....

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.

We the Jury find that the deceased came th his death by being struck by a car load of rock falling through the roof of Kile Building at the Marble Head Lime Compony at Hannibal Missouri, after cable which was attached to the car broke allowing said car to jump over stopping block at end of inclined tracks.

I hereby certify that the foregoing is a true copy of the Verdict rendered by the Jury in the case of Benjamin F. Nelson.



Crawford Smith
Coroner of Marion County
Missouri.

1941
S-38818

