

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
- BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11364

State File No. ....

FILED APR 24 1942

Registration District No. 553

Primary Registration District No. 5750

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Morgan (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 75 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer  
(c) City or town Princeton, RFD. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Nelson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 8 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 7 hr. \_\_\_\_\_ min.

9. Birthplace Maryland (City, town, or county) (State or foreign country)

10. Usual occupation Launderer

11. Industry or business \_\_\_\_\_

12. Name William Nelson

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

14. Maiden name Sarah Davis

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

16. (a) Informant Frank Nelson

(b) Address Princeton Mo

17. (a) Buried (b) Date thereof 2-16-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton Mo

19. (a) 2/19/42 (b) Jessie Alley (Date received local registrar) (Registrar's signature)

1119 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 15 1942  
year 1942 hour 2 minute 30a. M.

21. I hereby certify that I attended the deceased from Dec. 1 1942 to Feb. 15 1942  
that I last saw h. er alive on Feb. 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration from severe gastrointestinal upset (influenzal or pneumococcic virus) Duration 4 days

Due to imposed on a chronic cardiovascular-renal degeneration with

Due to special reference both to degree of kidney and heart involvement.

Other conditions 10 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None made. 131a  
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) Natural

(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 O. Bristow (M. D. or other) MD.

Address Bristow Bldg. Princeton Date signed 2/16/42

Mo.

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

5000

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**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.**