

FILED MAY 20 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3006-571-6

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Lawrence William Nelson

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male (1) 5. Color or race white 6. (a) Single, widowed, married, divorced, separated  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 26, 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Sells brooms

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

MOTHER FATHER { 12. Name Robert Nelson  
13. Birthplace Putnam County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Nelson  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence William Nelson  
(b) Address 2126 South 6th, St. Joseph, Mo.  
17. (a) Removal (b) Date thereof Apr 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Missouri  
18. (a) Signature of funeral director Walter H. Barber  
(b) Address St. Joseph, Missouri  
19. (a) 4-27-42 (b) Walter H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 2126 South 6th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 4, 1942 to April 26, 1942  
that I last saw him alive on April 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rt. lung, bronchogenic, with metastases to regional nodes, para-aortic nodes, iliac nodes, both kidneys, both adrenals, & scalp Duration 1 yr?  
Blindness, cause unknown

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 7 yrs

Major findings: Of operations none H 1/2  
Of autopsy see above 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Thaddeus P. Shirk (M. D. or other) MD  
Address Columbia, Mo. Date signed 4/27/42

1250

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

10  
2  
4

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17

**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 \_\_\_\_\_  
\_\_\_\_\_ April 27 1942 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed John H. Hurley  
Licensed Embalmer No. 4050  
P. O. Address St. Joseph 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, fact should be so stated above.**