

FILED MAY 21 1942

Registration District No. 283

Primary Registration District No. 5402

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Rural - ~~St. Buffalo~~  
(If outside city or town limits, write "RURAL" and name of township)  
none  
(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 1/2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin  
(c) City or town Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 02 day 14  
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-12 1942 to 2-14 1942  
that I last saw h. 100 alive on 2-14 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration \_\_\_\_\_

Due to Psychotic Hypostatic Pneumonia

Due to \_\_\_\_\_

Other conditions Enlarged prostate  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 162

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 M. W. England (M.D. or other) \_\_\_\_\_  
Address Cardwell, Mo Date signed 2-14-42

3. (a) PRINT FULL NAME

M. Brown Nelson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maybelle

(c) Age of husband or wife if alive 60 years (Day) (Year)

7. Birth date of deceased Nov 5th 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name William Nelson

13. Birthplace Chestnut Grove Tenn (City, town or county) (State or foreign country)

14. Maiden name Myrtle Whittier

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

16. (a) Informant L. S. Pearce

(b) Address Cardwell, Tenn

17. (a) buried (b) Date thereof 5-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation McMillan

18. (a) Signature of funeral director Donald H. Mitchell

(b) Address Cardwell, Tenn

19. (a) 423-52 (b) M. Brown (Data received local registrar) (Registrar's signature)

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

DEC 8 1948

RECEIVED  
District Health Office No. 2,  
District File Number 342-620  
Date Filed 6-13-42

**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 Randall Mitchell

Licensed Embalmer No. 373

P. O. Address Longwood Park

**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.**