No. 2
5-4-41
29484

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

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS
RECD JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18112

Registration District No. 391 Primary Registration District No. 3-3-49-3350 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Kadlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18 miles west of Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED: 47
(a) State: Missouri (b) County: Iron
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 18 miles West of Belleview
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Washington Nelson
3. (b) If veteran, name war: no
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: Essie Nelson
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: March 6 (Month) 1871 (Day) (Year)
8. AGE: Years 71 Months 2 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace: Jackson Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: Matt Nelson
13. Birthplace: Jackson Co. (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name: Martha Jackson
15. Birthplace: Jackson Co. (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: Mrs. Vina White
(b) Address: Flat River Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Goodland Mo.
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: R. J. White Ironton Mo.
19. (a) 5-10-42 (Date received local registrar) (b) Mrs J C Ruckles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 7 year: 1942 hour: 10 minute: 43 P.M.
21. I hereby certify that I attended the deceased from April 27, 1942, to May 7, 1942, that I last saw him alive on April 27, 1942, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Apoplexy — 1 hr.
Due to: Arterial Sclerosis, general Hypertension
~~Due to~~ Tumor of Spinal cord

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0

23. Signature: Ben M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed: 5-9-42

1078 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 4

District File Number 642 - 712

Date 6-9-42

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

was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Boyd J. White

Licensed Embalmer No. 3012

P. O. Address Gunter Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 213
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18112

Registration District No. 391 Primary Registration District No. 5550 Registrar's No.

1. PLACE OF DEATH:
(a) County: Lyon
(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John W. Nelson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 6 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of spinal Cord, Benign	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Bru M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed 7-10-42

SUPPLEMENTARY

56d