

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Rural Madison Township  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
6 miles south west of Cainsville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community 10 Years  
years, months or days)

3. (a) PRINT FULL NAME Rebecca Jane Nelles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widow  
6. (b) Name of husband or wife Issac Nelles Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 10 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bruce County, Ontario Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name Edward Calwell  
13. Birthplace Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Jane Jordan  
15. Birthplace Nova Scotia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Omar Provin  
(b) Address Ridgeway, Missouri.

17. (a) Burial (b) Date thereof July 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Yankee Ridge Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Cainsville, Missouri.

19. (a) 7-24-1942 (b) S. P. Law  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Rural, Ridgeway, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 miles south west of Cainsville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1942 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 18<sup>th</sup>, 1942 to July 31, 1942  
that I last saw her alive on July 31, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of Bowls slow and Progressive Duration 3 mo  
Due to no other medicine, no previous diagnosis  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN [Signature]  
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 A. J. Duff (M. D. \_\_\_\_\_)  
Address Cainsville, Missouri Date signed 7/23/42

**STATEMENT BY LICENSED EMBALMER**

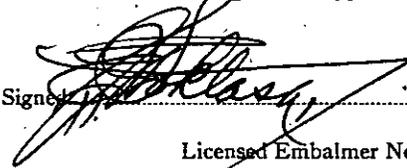
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~###~~

**Eddie J. Stoklasa**

Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. **3602**

P. O. Address **Cainsville, Missouri.**

**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.**