

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30944

State File No.

Registrar's No.

Registration District No. 239

Primary Registration District No. 5825

6356

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Bural (Cons.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 9 days
years, months or days)

3. (a) PRINT FULL NAME

Bobby Ray Nelson

3. (b) If veteran, name war 2

3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased aug 7 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 hr. 0 min.

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

10. Usual occupation

11. Industry or business

12. Name Clark Nelson

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

14. Maiden name Betha Kell

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

16. (a) Informant Clark Nelson

(b) Address Helburn 2nd

17. (a) Bural (b) Date thereof 8-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director friends

(b) Address

19. (a) Sept 25/42 (b) ms L B Rademaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Bural
(If outside city or town limits, write "RURAL")
(d) Street No. near Baderville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1942 hour 9 minute 30 A.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.

Immediate cause of death No medical attention in all records
Due to Congenital Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1572

Of autopsy _____

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 Lo Hedguth Deputy Coroner
(M. D. or other)

Address New Madrid Date signed 9/11-42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Nael C. Dean

Licensed Embalmer No. *3941*

P. O. Address.....

Portageville

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.