

S. 9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37228
Registrar's No. 53

FILED DEC 8 1942
Registration District No. 143

Primary Registration District No. 5638

46
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Haskell, Mo

(b) City or town: Pomona, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Haskell

(c) City or town: Pomona
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME: Walter Theo. Nelson

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5 minutes before death, 1942, that I last saw him alive on Nov. 6, 1942, and that death occurred on the date and hour stated above.

4. Sex: m 5. Color or race: w

6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife: Leva Nelson

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: June 7 - 1885
(Month) (Day) (Year)

Immediate cause of death: Clot ✓

8. AGE: Years 57 Months 4 Days 29 If less than one day hr. min.

9. Birthplace: Salem, Ark
(City, town, or county) (State or foreign country)

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Tom Nelson

{ 13. Birthplace: unk 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Oran Hay 9

{ 15. Birthplace: unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Leva Nelson

(b) Address: Pomona, Mo

17. (a) (Burial, cremation, or removal) B (b) Date thereon: 11-10-42
(Month) (Day) (Year)

(c) Place: burial or cremation: Day Creek

18. (a) Signature of funeral director: W. H. ...

(b) Address: Marshall, Mo

19. (a) (Date received local registrar) 545 (b) (Registrar's signature)

Major findings: _____

Of operations: _____

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: J. A. Baltz M.D. (M. D. or other)

Address: Pomona, Mo Date signed: Nov. 12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District

District File No.

Date Filed

12421036

12-7-42

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

D. D. Roberts

Licensed Embalmer No.

3422

P. O. Address

W. H. Hain, 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.

S-37228