. S. No. 2
0M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5375

Primary Registration District No. 1000

Registrar's No. 195

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2524 South 17th St 7
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank J. Nelson

3. (b) If veteran, name war no

3. (c) Social Security No. 707-05-8370

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife Susan

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

7. Birth date of deceased December 20, 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Engineer

11. Industry or business C.B.&Q RY

FATHER
12. Name Thorne Nelson
13. Birthplace U.S.A. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gene Braun
(b) Address 2606 Mary St, St Joseph, Mo

17. (a) Burial (b) Date thereof 2-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St. St Joseph, Mo

19. (a) 2-19-43 (b) Rose Hegay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb. 15, 1943, to Feb 15, 1943;
that I last saw him alive on Feb. 15, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thromb.	5 hrs.
Due to 94a	
Due to	
Other conditions Coronary arteriosclerosis (Include pregnancy within 3 months of death)	1940.

Major findings:
Of operations
Of autopsy None

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)
(e) Means of injury
(While at work?)

23. Signature Frank J. Handegan (M. D. or other) 0
Address 620 Francis St Joseph, Mo Date signed

R.H.

1233 (Licensed Embalmer's Statement on Reverse Side)

MAR 10 1943

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Savannah.

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.