

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1943
Registration District No. 275

Primary Registration District No. 5176

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Rural Auglaize Twp.
(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)

In this community Life _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden

(c) City Rural Auglaize Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gary Alvin Nelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour 5 minute 30 A.M.

4. Sex Boy 5. Color or Race white

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

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

7. Birth date of deceased Jan 29 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 13, 1943, to Feb 14, 1943, that I last saw him alive on Feb 13, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 14 0 hr. 0 min.

Immediate cause of death Petechus neonatorum Duration 10 days

Due to unknown

9. Birthplace Camden Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Infant

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Joe R. Nelson

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

14. Maiden name Alpha Oliver

15. Birthplace Camden Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: 161C

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Oliver

(b) Address 5 Stoutland Mo.

17. (a) Feb 13 1943 Burial, cremation, or removal (b) Date thereof Feb 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Beriah Cemetery

18. (a) Signature of funeral director none

(b) Address _____

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? _____

19. (a) 3-11-43 (b) Gary Nelson
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature Orville A. Oliver (M. M.D.)
Address Richland Mo. Date signed 2.12.1943

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

15
00

RECEIVED

District Health Officer No. 71

District File Number 3-43-93

Date Filed 7-12-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.