

FILED MAR 19 1943

Registration District No. 170

Primary Registration District No. 3-683 5630

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

1. PLACE OF DEATH: Laclede

(a) County Lebanon RT 5

(b) City or town Lebanon  
(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 Since 24 th of Nov 42 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Hatfield 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Albert Clay Nelson

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

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

6. (b) Name of husband or wife Kate Beiden Nelson 6. (c) Age of husband or wife if alive yes years         

7. Birth date of deceased July 18th 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>9</u>	<u>        </u> hr. <u>        </u> min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John P. Nelson

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

14. Maiden name Mandaline Patton

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

16. (a) Informant Orville D. Nelson

(b) Address Lebanon, Rt. 5

17. (a) Removal (b) Date thereof Feb 27 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison County

18. (a) Signature of funeral director Ray Nelson

(b) Address Berryville Ark.

19. (a) 2-28-43 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1943 hour 4:00 a.m. minute          M.

21. I hereby certify that I attended the deceased from Nov. 25  
43 to Feb 26 1943  
that I last saw him alive on Feb 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver  
Cardiac Decompensation

Due to           
Due to           
Other conditions           
(Include pregnancy within 3 months of death)

124 f 1

Major findings:  
Of operations         

Of autopsy         

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?         

While at work?          (Specify type of place) (e) Means of injury         

23. Signature O. Bohrer (M. D. or other) D.O.  
Address Lebanon Mo. Date signed 2/27/43

**RECEIVED**

District Health Officer No. *Lacade County Health Unit*  
District File Number *2-43-23*  
Date Filed *3-16-43*

APR 1 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, *only*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Rea L. Nelson*  
Licensed Embalmer No. *2992*  
P. O. Address *Berryville Ark*

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.