

No. 2  
-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11076

State File No. ....

Registrar's No. 98

FILED APR 9 1943

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
318 N Grand  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 318 N Grand  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country U.S.

3. (a) PRINT FULL NAME Walter Henry Nellons

3. (b) If veteran, name war: No. 702-14-4690

3. (c) Social Security No. 702-14-4690

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sadie Nellons 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 19 1877  
(Month) (Day) (Year)

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

65 4 2 hr. min.

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

10. Usual occupation Retired

11. Industry or business Rail Road Section

12. Name James Nellon

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

14. Maiden name Annie Buckner

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

16. (a) Informant Mrs. Walter H Nellons

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof Mar. 23 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenridge Mo.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 3/22/43 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1943 hour 2 minute a.m.

21. I hereby certify that I attended the deceased from Jan. 1, 1943 to Mar. 21, 1943; that I last saw him alive on Mar. 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Mitral Insufficiency 1 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Walter H. Nellons (M. D. or Registrar)

Address Sedalia Mo. Date signed 3-22-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-8-43

---

---

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Seaside 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.**