

S. No. 2
M-9-4-41
5-17-50
PI X2944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14575

State File No. _____

ED MAY 13 1948

Registration District No. 155

Primary Registration District No. 5580

Registrar's No. 4

49
00

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution R # 1 - Carl Junction
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community lifetime
years, month or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1
(If rural, give location)

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

3. (a) PRINT FULL NAME James S Nelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-09-415

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

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

7. Birth date of deceased Oct 24 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name James W Nelson

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

14. Maiden name Paula Luoma

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

16. (a) Informant Mrs Edna Nelson

(b) Address R # 1 Carl Junction

17. (a) Burial (b) Date there May 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Ia

18. (a) Signature of funeral director Will City Ind Co

(b) Address Will City Ind Co

19. (a) April 30 1948 (b) Mrs. Edna Nelson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 3:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 22 1943 to Apr 30 1948 that I last saw him alive on April 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Insufficiency & Decomposition

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 920

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? _____

(Specify type of place) _____

While at work _____

23. Signature James V. Shaker (M. D. or other) _____

Address Will City Mo Date signed 4-30-48

Duration

2700

PHYSICIAN

Underline the cause to which death should be charged statistically.

1181

43-4-383

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address.....

Webb City 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.