

S. No. 2  
I-9-4-41  
5-17-39  
X25

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20935**  
Registrar's No. **14**

FILED JUN 17 1943

Registration District No. **45**

Primary Registration District No. **4063**

1. PLACE OF DEATH:

(a) County **Caldwell**

(b) City or town **Hamilton**

(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Caldwell**

(c) City or town **Hamilton** **13**  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location) **1**

(e) Citizen of foreign country? **No.** (Yes or No) **(Yes)**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Tozitha Nelson**

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

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

6. (b) Name of husband or wife **James Nelson** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **1 27 1863**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Little Rock Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **✓**

{ 13. Birthplace **✓** (City, town, or county) (State or foreign country)

{ 14. Maiden name **✓**

{ 15. Birthplace **✓** (City, town, or county) (State or foreign country)

16. (a) Informant **James Nelson**

(b) Address **Hamilton Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5 30 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland (Hamilton)**

18. (a) Signature of funeral director **Brown & Sons**

(b) address **Hamilton**

19. (a) **June 8** (Date received local registrar) (b) **Floa G. Painter** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**  
year **1943** hour **Five** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **May 24** 19**43**, to **May 28** 19**43**  
that I last saw her alive on **May 28** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to \_\_\_\_\_ **938**

Due to \_\_\_\_\_

Other conditions **cardiac asthma**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

23. Signature **Jerry G. Ester** (M. D. or other) **D.O.**  
**Hamilton, Mo.** Date signed **May 30 1943**

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

1165

(Licensed Embalmer's Statement on Reverse Side)

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed James A. Bunn  
Licensed Embalmer No. 3918  
P.O. Address Hamilton

**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.