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5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Pemiscot  
 (b) City or town Caruthersville Mo  
 (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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Rayfield Nelson  
 3. (b) If veteran, ✓ name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cal  
 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug 25-1942  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation ✓

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

12. Name Mitchell Nelson

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

14. Maiden name Willa Henderson

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

16. (a) Informant Walter Nelson

(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof 6-23-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director J. R. P. Union  
 (b) Address Caruthersville Mo

19. (a) 7-12-43 (b) Jesse P. Mark  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Pemiscot  
 (c) City or town Caruthersville Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 22 year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 22-1943 to June 22-1943 that I last saw him alive on June 22-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Oleocolitis Duration 12 hrs.

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

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

Other conditions (include pregnancy within 3 months of death) 1190

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 0

23. Signature J. R. P. Union (M. D. or other) \_\_\_\_\_  
 Address Caruthersville, Mo. Date signed 6-22-43

MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

7-43-251

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

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

Signed J. H. Smith

Licensed Embalmer No. 3900

P. O. Address Caruthersville, 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.**