

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

FILED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County St. Joseph Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
41 st & Mitchell /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carl Robert Nelson
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Irene
 6. (c) Age of husband or wife if alive 1869 years
 7. Birth date of deceased April 5 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 26 hr. min.

9. Birthplace Hornkullen Sweeden 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Stat. Engineer

11. Industry or business Retired 4 years

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant I. Carl Nelson
 (b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 9-2-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.

19. (a) 9-2-43 (b) Rose Hegog
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1824 No. 2nd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
 year 1943 hour 9 minute 55 A. M.
 21. I hereby certify that I attended the deceased from 9/14/41
 _____, 19____, to 8/31, 1943
 that I last saw him alive on 8/29, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 4 days
 Due to Arterio-sclerosis gen. 4 yrs.
 Due to 8301

Other conditions (Include pregnancy within 3 months of death)
 Major findings: none done
 Of operations
 Of autopsy none done

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) (e) Means of injury
 23. Signature J. T. Bloomer (M. D.)
 Address 1218 N. 2nd Date signed 9/14/43

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St Joseph, Mo

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....

Robert H. Apple

Licensed Embalmer No. *5308*

P. O. Address.....

St. Joseph 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.