

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28122

State File No.

Registration District No. 101

Primary Registration District No. 5411

Registrar's No. 61

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Spencer Township
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Life Time _____ (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Douglas 34
 (c) City or town _____ (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 _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 6
 year 1943 hour 3 minute 0 M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John W. Nelson 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased March 27 1974
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20 1942 to Feb 10 1943
 that I last saw her alive on Dec 10 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death Chronic Endocarditis with nephritis

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: _____
 Of operations _____

11. Industry or business _____
 12. Name Marion Applegate
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name Polly Caudill
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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 _____

16. (a) Informant Nora Short
 (b) Address Ongo, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Harvill cem.
 18. (a) Signature of funeral director O. B. McClure
 (b) Address Mo. Home Ark.
 19. (a) 8-1-43 (Date received local registrar) (b) Shelma S Waters (Registrar's signature)

23. Signature R. R. Festling (M. D. or other)
 Address Ozark, Mo. Date signed Feb 10 1943

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

34
0
0

1036

RECEIVED

District Health Officer No. 6,

District File Number 943-978

Date Filed 9-9-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.