. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 291387

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(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 5 yrs
years, months or days)

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

3. (a) PRINT FULL NAME Roy J. Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 78 (Day) 1864 (Year)
8. AGE: Years 79 Months 0 Days 10 If less than one day hr. min.
9. Birthplace (City, town, or county) Penn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Dont Know
13. Birthplace (City, town, or county) Dont Know (State or foreign country)
MOTHER 14. Maiden name Dont Know
15. Birthplace (City, town, or county) Dont Know (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville
18. (a) Signature of funeral director E. E. Hoppe
(b) Address Clarence, Mo
19. (a) 8-10-43 (Date received local registrar) (b) Mrs. P. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1943 hour minute 11 P M.
21. I hereby certify that I attended the deceased from none, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Undetermined
Due to Likely Coronary Thrombosis
Due to Coroners case
Other conditions (Include pregnancy within 3 months of death) 94 a
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?
(Specify type of place)
While at work (e) Means of injury
23. Signature H. C. Griffiths Coroner Randolph Co. Mo (M. D. or other)
Address Moberly Date signed 8-3-43

1031 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-43-1512
Date Filed SEP 10 1943

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 Louis E. Hopper

Licensed Embalmer No. 421

P. O. Address Clarence, Me.

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.