

FILED NOV 12 1943

Registration District No. 106

Primary Registration District No. 2001

Registrar's No. 585

1. PLACE OF DEATH: **Jasper**  
 (a) County Jasper  
 (b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)  
 In this community Hospital Only

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 049  
 (c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 122 No. Ball  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Corwine A. Nelson

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 8, 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Champaign Illinois 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

12. Name Paul A. Nelson

13. Birthplace Nyborg Denmark 4  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Shafer

15. Birthplace Chicago Illinois 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul A. Nelson

(b) Address Webb City Mo

17. (a) Burial (b) Date thereof 10-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvation Army Cem.

18. (a) Signature of funeral director Hurlbut Und., Co.

(b) Address Joplin, Missouri

19. (a) 10-21-43 (b) Justin D. Dusholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19  
 year 1943 hour 6:35 A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8/26  
14 to 10-15, 1943  
 that I last saw him alive on 10-15, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pseudo leukemia cerevina  
(Von Jaekel's)

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 173d1  
 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) (e) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Joplin Mo Date signed 10/15/43

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

MOTHER FATHER

1204

43-10-917

**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 *Terry J. Schubert*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.