

S. No. 2
M-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3831C

State File No. _____

FILED DEC 10 1943

Primary Registration District No. 4215

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brunswick
(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) 30 yrs

3. (a) PRINT FULL NAME Ada M. Nelson

3. (b) If veteran, _____ name war. _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carl Nelson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 2 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John W. McCaslin

13. Birthplace Wright Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jessie McCaslin

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

16. (a) Informant Carl Nelson

(b) Address Brunswick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 13 43
(Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) November 12, 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature) JK

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Brunswick 0
(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 _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 3-17, 1940, to 11-11, 1943
that I last saw her alive on 11-6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to Cerebral Hemorrhage 3 yrs.
(General Paralysis.)

Due to _____

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

Major findings: 932 PHYSICIAN _____
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 _____

23. Signature Ernest D. Nevill (M. D. or other) Mo
Address Clinton, Mo Date signed 11-13-43

1069 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

Embalmer No. 11-43-1346

Date Filed 12-9-43

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

Fred Wilkerson

Licensed Embalmer No.

2498

P. O. Address

Clinton, 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.