No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1944

Registration District No. 383

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 3378

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 127 Days
In this community: 127 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Parma
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): /
If yes, name country:

3. (a) PRINT FULL NAME: Nollie Nelson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Darnell Nelson
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: May (Month) 25 (Day) 1905 (Year)
8. AGE: Years 38 Months 7 Days 22 If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: John Clark
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Catherine
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Parma, Mo.
18. (a) Signature of funeral director: H. D. Fossett
(b) Address: Mt. Vernon Mo
19. (a) 1-17-44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1944 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept. 12, 1943, to Jan. 16, 1944; that I last saw her alive on Jan. 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration: About 1 Yr.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

13 f1

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: Dr. John T. Kalish (M. D. or other)
Address: Missouri State Sanatorium Date signed: Jan. 16, 1944

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 144-78
Date Filed JAN 24 1944

APR 3 1944

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 H. D. Fossett

Licensed Embalmer No. 2207

P. O. Address Mt Vernon, 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.