

FILED FEB 14 1944

State File No.

Registration District No. 9

Primary Registration District No. 3048

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location) 10 days
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Walter Nelson

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Nelson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February 28 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business

12. Name Christophor Nelson
13. Birthplace unknown Ill
(City, town, or county) (State or foreign country)
14. Maiden name Bran Craven Ill
(City, town, or county) (State or foreign country)
15. Birthplace UNKNOWN Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Nelson

(b) Address Maryville Mo.

17. (a) burial (b) Date thereof 1-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Maryville mo

19. (a) 1-28-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL") 2
(d) Street No. 505 East 1st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1944 hour 7 minute P *M.

21. I hereby certify that I attended the deceased from January 13 1944 to January 25 1944.
that I last saw him alive on January 25 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration
Chrs Protrahitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

23. Signature [Signature] (M. D. or other)

Address Maryville, Mo. Date signed 1-26-44

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 W L Gee

Licensed Embalmer No. 2539

P. O. Address Manville, Wyo

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.