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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4833

State File No.

Registration District No. 377

Primary Registration District No. 6283

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede Wright

(b) City or town Competition
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elk Creek
(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)

2. USUAL RESIDENCE OF DECEASED: WRIGHT

(a) State Missouri (b) County Laclede

(c) City or town Rural 114
(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 0

3. (a) PRINT FULL NAME. JAMES NELSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 17 1943
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Cardio-Vascular - Renal Disease

Due to Complicated by Influenza 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/A

7. Birth date of deceased: May 14 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 7 3 hr. min.

Major findings: 13/A

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Laclede Co MO - D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Sam Nelson

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Massey 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Nelson

(b) Address Competition MO

17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Bide

18. (a) Signature of funeral director W.C. Holman

(b) Address Lebanon MO

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 H. H. Orthey MD (M.D. or other) 114

Address Hartwell MO Date signed Dec 18 1943

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

100

RECEIVED

District Health Officer No. 6,

District File Number 144-75

Date Filed JAN 19 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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.

Registration District No. (377) Primary Registration District No. (6283)

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Competition Elk Creek
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME James Nelson
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 3 (If less than one day, _____) min. 11
9. Birthplace Jackso Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Sam Nelson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Massey
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Nelson
(b) Address Competition Mo.
17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McBride
18. (a) Signature of funeral director W.E. Halman
(b) Address Lebanon Mo.
19. (a) 1-28-44 (b) Paster Hutcell
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Year 1943 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cardio Vascular Renal
Due to Heart Disease year
Due to complication of Influenza & whooping cough
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

4833