V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6903

State File No.

FILED MAR 10 1944

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sharp Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community about 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No. 101 Linden (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME John Nelson

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 13 (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name August Nelson
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Tana Sharp
(b) Address 101 Linden Excelsior Springs Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Enon
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs Mo.
19. (a) 1-24-44 (Date received local registrar) (b) Mrs Sadie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22 year 144 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 22, 1944, to Jan 22, 1944; that I last saw him alive on Jan 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	1 week
Due to Enlarged heart	several yrs
Due to Hypertension	
Due to Dropsy	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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 0

23. Signature S R M Cracken (M. D. or other) MD
Address Excelsior Spry Date signed 1/24/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District
District of Health
Date Filed 3-9-44

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 Earl Rapp

Licensed Embalmer No. 2458

P. O. Address Excelsior Springs, M

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.