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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 20

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10352

Primary Registration District No. 5083

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Mound Twp rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates ?
(c) City or town Rural ?
(If outside city or town limits, write "RURAL")
(d) Street No. Mound Twp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN LORAN 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 married
6. (b) Name of husband or wife Etta Margaret Nelson
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July (Month) 3 (Day) 1862 (Year)

8. AGE: Years 81 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Adams Co (City, town, or county) Ill. (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name Robert R Nelson
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Williams
15. Birthplace S Carolina (City, town, or county) (State or foreign country)
16. (a) Informant H. L. Nelson
(b) Address Garden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 13 (Day) 1944 (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Cullum
(b) Address Butler Mo.
19. (a) 2-13-44 (Date received local registrar) (b) Claude A Sux (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1944 hour 8 minute 30 a M.
21. I hereby certify that I attended the deceased from Feb 1, 1944 to Feb 10, 1944 that I last saw him alive on Feb 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas — Duration
Due to
Due to —
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)
(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? 0 (e) Means of injury 0
23. Signature Chas A Lusk Jr (M. D. or other)
Address Butler, Mo. Date signed Feb 11 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Licence File Number 3-44-332
Date Filed 4-6-44

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 C. E. Carlan

Licensed Embalmer No. 2576

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.