

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11373

State File No. \_\_\_\_\_

Registration District No. 30

Primary Registration District No. 5655

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon, Mo  
(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 304 days  
(Specify whether  
In this community 304 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1214 So. 6th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Nelson Clair Rex

20. DATE OF DEATH: Month March day 23d  
year 1944 hour 11:45: AM minute \_\_\_\_\_ M.

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

21. I hereby certify that I attended the deceased from  
~~22nd~~ May 23d 1943 to March 23 1944  
that I last saw him alive on March 23 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Grace White 6. (a) Single, widowed, married, Divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

Immediate cause of death Pulmonary Tuberculosis Duration  
3 1/2 yrs

7. Birth date of deceased March 22 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 0 1 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Cab Driver

Major findings: Of operations 13 fl  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oscar Grant Rex  
13. Birthplace Los Angeles Calif  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Katherine Akas  
15. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMicheel, Record Clerk  
(b) Address Mo. State San. Mt. Vernon, Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar 25-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Leon Iowa

(Specify type of plane) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Geo B. Orr  
(b) Address Mt Vernon Mo

23. Signature Y. F. Fujikawa (M. D. or other) M.D.  
Address Mt Vernon, Mo Date signed 3/23/44

19. (a) 3-26-44 (b) Andy Campbell  
(Data received local registrar) (Registrar's signature)

1338

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

20  
TABLE

District Health Office

District File Number 444-420

Date Filed APR 11 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

*Geo. B. Owen*

Licensed Embalmer No.

*946*

P. O. Address

*Mr. Vernon, D.C.*

**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.**