

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14184  
State File No. \_\_\_\_\_  
Registrar's No. 341

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: St. Joseph's Hospital  
(d) Length of stay: In hospital or institution 1 month 29 days  
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 609 South 13th  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME CORA A. NELSON  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female / race white  
5. Color or race 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  
7. Birth date of deceased Oct. 15 1860

8. AGE: Years 83 Months 5 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Platte county Missouri

10. Usual occupation at home

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

12. Name Nels P. Nelson  
13. Birthplace unknown Norway  
14. Maiden name Enger I. Hoverson  
15. Birthplace Unknown Norway

16. (a) Informant Miss Nora Nelson  
(b) Address 609 South 13th

17. (a) burial (b) Date thereof 3/31/44  
(c) Place: burial or cremation Nelson Cemetery

18. (a) Signature of funeral director Neaton Betlak & Bowman  
(b) Address 319 South 10th

19. (a) 3/29/44 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-31-44 to 3-29-44  
that I last saw her alive on 3-28-44 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction 1 day

Due to chronic myocarditis 3 months

Other conditions 930

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 Wm. J. Bethaker M.D. Date signed 3/29/44  
Address Kingpatrick Rd St Joseph Mo

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wayne M. Tomchak  
Kirk, Bely.

**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 Frank A. Berumay

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.