

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14262

State File No. _____

Registrar's No. 135

FILED MAY 12 1944
Registration District No. 12194

Primary Registration District No. 5142

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural - Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 mi E of Neelyville
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Rural - Neelyville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi E of Neelyville
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

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

4. Sex Male 5. Color or race Colored
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. Jan 28 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 2 3 hr. min.

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School

MOTHER FATHER
11. Industry or business
12. Name General Nelson
13. Birthplace Oza Ark
(City, town, or county) (State or foreign country)
14. Maiden name Oza Johnson
15. Birthplace Oza Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Nelson
(b) Address Neelyville Mo

17. (a) Burial (b) Date thereof Apr 3 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville

18. (a) Signature of funeral director Margie Nash
(b) Address Naylor, Mo

19. (a) 4-27-44 (b) Belle Anne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1944 hour 5 minute PM
21. I hereby certify that I attended the deceased from March 31
1944 to March 9 1944

that I last saw h alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myocardial infarction
due to coronary atherosclerosis
report from family
Suberculosis
Other conditions X
(Include pregnancy within 3 months of death)

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

Major findings: ✓ 13 fl
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? _____ (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 W. W. Carr (M. D. or other) _____
Address Neelyville Mo Date signed _____

RECEIVED

District Health Office No. 2

District File Number 544-667

Date Filed 5-10-44

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 Bryan McCord.....

Licensed Embalmer No. 4019.....

P. O. Address.....

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.

3-4