

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural
(c) Name of hospital or institution: Portageville
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Left (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(d) Street No. North of Portageville 3 mi
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME Harold Maurice Nelson
3. (b) If veteran, name war 0
3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1944 hour 9:00 minute 0 P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Oct 4 1932
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 0 190 to 0 190;
that I last saw him 0 alive on 0 190;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
11 6 6 hr. 0 min.
9. Birthplace New Madrid Co. Mo. 0
(City, town, or county) (State or foreign country)

Immediate cause of death Drowned in drinking water
#18

10. Usual occupation School boy
11. Industry or business 0
12. Name Clyde Wilson
13. Birthplace Free Island Mo. 1
14. Maiden name Paula Smith
15. Birthplace Scott Co. Mo. 0
(City, town, or county) (State or foreign country)

Due to 0
Due to 0
Other conditions (Include pregnancy within 3 months of death) 183 3

16. (a) Informant Mrs. Vera Price
(b) Address Portageville Mo.
17. (a) Burial (b) Date thereof 4-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville cemetery
18. (a) Signature of funeral director Paul C. Dean
(b) Address Portageville, Missouri
19. (a) 4-21-44 (b) Ellen DeLoach
(Data received local registrar) (Registrar's signature)

Major findings: 0
Of operations 0
Of autopsy 0
PHYSICIAN 0
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) Accident
(b) Date of occurrence April 10 - 1944 01-30
(c) Where did injury occur? Portageville Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? 0 (Specify type of place) (c) Means of injury 0
23. Signature Paul C. Dean (N. D. or other)
Address New Madrid Mo 2 Date signed 4/21/44

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

823

RECEIVED

District Health Office No. 2

District File Number 544-14

Date Filed 5-11-4

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 *Noel C. Deau*

Licensed Embalmer No. 3941

P. O. Address *Portageville 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.