. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1944

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28169

Primary Registration District No. 3037

Registrar's No. 163

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt. Vernon
(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 years, months or days) In this community: 13 yrs.

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

3. (a) PRINT FULL NAME: Birdie Otha Nelson
3. (b) If veteran, name war: .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charlie Nelson
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Nov. (Month) 4 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
55	8	29	..... hr. ..... min.

9. Birthplace: Macon (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: .....

MOTHER FATHER
12. Name: Wm Dennison
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ida Bailey
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Charlie Nelson
(b) Address: Mt. Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 5 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Vernon, Mo.
18. (a) Signature of funeral director: H. D. Fossett
(b) Address: Mt. Vernon Mo.
19. (a) 8-10-44 (Date received local registrar) (b) Audy [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 3
year: 1944 hour: 8 am minute: ..... M.
21. I hereby certify that I attended the deceased from 11-29, 1943 to 8-3, 1944 that I last saw him alive on 8-3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Cerebral Embolus, Cardiac.	2 hr.
Due to: (2) Pulmonary tbc - bilateral arrested; Lt. Empyema.	
Due to: (3) Tuberculosis peritoneum generalized recent.	

Other conditions (Include pregnancy within 3 months of death): 13 f 1

Major findings: Of operations: X
Of autopsy: Above (1) to (3).

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? ..... (e) Means of injury: /
23. Signature: Kenneth Glover M.D. (M. D. or other)
Address: Mt. Vernon, Mo. Date signed: 8/5/44

1323 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 844-967
Date Filed AUG 28 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 Mat L Fossett

Licensed Embalmer No. 4252

P. O. Address Sarcoxie 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.