

FILED OCT 19 1944  
67  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5270

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

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town rural- Lincoln Miss  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 yrs.  
years, months or days)

8. (a) PRINT FULL NAME Sarah Emily Nelson

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 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 March, 13, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Luther Nelson  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Morrison  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lennie Kerr

(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Sept. 25, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Wise Hill Cem.

(c) Place: burial or cremation

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) Sept. 26 (b) May 7. Spear  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town rural  
(If outside city or town limits write "RURAL")  
(d) Street No. Route #1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
June 16, 1944, to Sept 23, 1944  
that I last saw him alive on Sept 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Arteriosclerosis  
hypertensive heart disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration  
unk  
7 days  
unk

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

93d

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 Charles A. Spears (M. D. or other) MD  
Address Billing, Mo Date signed Sept 26, 1944

RECEIVED

District Health Officer No. 6,

District File Number 1044-1051

Date Filed OCT 16 1944

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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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, above space should be left blank.