V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34269

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 798

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

29
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SPRINGFIELD CITY HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 HOURS 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 935 Texas
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE COLEMAN NELSON.
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GENNIE NELSON
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased NOV. (Month) 25, (Day) 1875 (Year)

8. AGE: Years 68 Months 10 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace MONROE CO. (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation Retired Junk Dealer
11. Industry or business Junk Dealer
FATHER
12. Name Coleman Nelson
13. Birthplace Unk. (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Unk. (City, town, or county) unknown 9 (State or foreign country)
16. (a) Informant Paul Nelson
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cem
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.
19. (a) 10-4-44 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1944 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb, 1944, to Oct. 3, 1944; that I last saw him alive on Oct 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	
Due to Sclerosis Arteries	
Due to	
Other conditions High B.P. (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

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 0
23. Signature J. E. Adler (M. D. or other)
Address Springfield, Mo. Date signed 10/4/44

784 (Licensed Embalmer's Statement on Reverse Side)

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 Roy Albarin

Licensed Embalmer No. 1763

P. O. Address Springfield 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.