S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 35168

Registrar's No. 185

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos. 13 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter 94

(c) City or town Grandin 7
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country 7

3. (a) PRINT FULL NAME CARL V. NELSON

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Josephine Parson

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May (Month) 8 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	23	hr. min.

9. Birthplace Wedley (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Grandin Cem., Grandin, Mo

18. (a) Signature of funeral director Seaton Pewitt Funeral Service

(b) Address Van Buren, Mo.

19. (a) Oct 6 1944 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1, year 1944 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from January 18, 1944, to October 1, 1944, that I last saw him alive on October 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy.

Duration

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 M. Lindsay (M. D. or other) Mel.

Address 408 W. First Date signed 10-4-44

1373 (Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED
District Health Officer No. 4
District File Number 1144-4420
Date Filed 11-3-44

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren Ar

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.