

FILED DEC 20 1944

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1247**

1. PLACE OF DEATH:

(a) County Bucyrus

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

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

(d) Length of stay: In hospital or institution: 25 yrs. 5 mo 29 da
(Specify whether years, months or days)

In this community: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway

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

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

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

If yes, name country: _____

3. (a) PRINT FULL NAME S. JACOB NELSON

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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: Feb. 14 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1944 hour 6-45 minute P M.

21. I hereby certify that I attended the deceased from 12-13 1944, to 12-18 1944
that I last saw him alive on 12-18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Epileptic Seizure

Due to: Epilepsy

Due to: _____

Other conditions: SB
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: Maryville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: Christopher Nelson

13. Birthplace: Ill
(City, town, or county) (State or foreign country)

14. Maiden name: Evan Caravan

15. Birthplace: N. C.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant: Record Hospital

(b) Address: St Joseph Mo

17. (a) Burial (b) Date thereof: 12-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: North Lee Cemetery

18. (a) Signature of funeral director: Campbell J. J. J. J.

(b) Address: 95 S. Main Maryville Mo

19. (a) 12-15-44 (b) Richard J. Rabe
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature: SB Salner (M. D. or other) _____

Address: St Joseph Mo Date signed: _____

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

1971

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 William Campbell
Licensed Embalmer No. 2620
P. O. Address Merquille 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.