S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

Registration District No. 160

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5381

State File No. 41057

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Dent

(b) City or town: Rural Current Twp.
(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) i

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dent

(c) City or town: Rural Current.
(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: Etna Loretta Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec 8 1944
(Month) (Day) (Year)

8. AGE: Years | Months | Days: 1 | If less than one day: 11 hr. min.

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

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: Earl Nelson
13. Birthplace: Montauk Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Crawley
15. Birthplace: Montauk Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Earl Nelson
(b) Address: Montauk Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director:
(b) Address:

19. (a) 12-9-44 (Date received local registrar) (b) Geo. W. McDowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 44 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature Birth

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)
159

Major findings:
Of operations

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

23. Signature: Leslie Randall (M. D. or other)
Address: Leslie Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 5
District File Number 1457
Date Filed 1-6-75

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.....

Licensed Embalmer No.....

P. O. Address.....

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.