

S. No. 2
M-8-43
v. 5-17-39
X37823

1965

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1945
Registration District No. 87

Primary Registration District No. 4107

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 123 West Martin
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STELLA NELSON

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Oct 10 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Nathaniel Ridgway

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

14. Maiden name Rachel Dale

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs O E Siders

(b) Address 311 N. Main El Dorado Springs, Mo

17. (a) Burial (b) Date thereof 1-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo

18. (a) Signature of funeral director Swinn-Siders

(b) Address El Dorado Springs, Mo

19. (a) 1/5/45 (b) L. J. Conway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd
year 1945 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from July - 1944 to Jan 3rd 1945
that I last saw him alive on Jan 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to _____

Due to 97

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

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 L. J. Conway (M. D. or other) _____
Address El Dorado Springs Date signed 1/5/45

(Licensed Embalmer's Statement on Reverse Side)

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

10.7.
1-45-113
2-12-45

23 1945

JAN 23 1945

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..... *O. B. Sanders*

Licensed Embalmer No. *3256*

P. O. Address. *El Dorado Springs 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.