

FILED JUL 2, 1945 3
Registration District No. 3

Primary Registration District No. 3007

State File No. 169
Registrar's No. 169

12
7
3

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

1. PLACE OF DEATH:

(a) County. Butler

(b) City or town. Paplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Paplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Butler

(c) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1526 N. GRAND Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES KEVINATH NELSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1945 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 5:27 1945 to 6:42 1945
that I last saw him alive on 6-3 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased March 9 1927
(Month) (Day) (Year)

Immediate cause of death Perforated peptic ulcer Duration _____

Due to fractured pelvis + spinal blades

Due to Automobile door came open + Automobile went underneath

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

8. AGE: Years Months Days If less than one day

18	2	26	
hr.	min.		

9. Birthplace Ellisville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic Work

Major findings: Of operations _____ Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name JAMES KEVINATH NELSON

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

14. Maiden name HAZEL MAE MOSS

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

16. (a) Informant James E. Nelson

(b) Address 1526 N. Grand St. St. Louis Mo

17. (a) Burial (b) Date thereof June 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo

18. (a) Signature of funeral director William W. Hood

(b) Address Flat River Mo

19. (a) 6-4-45 (b) Bele Keiser
(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) accident

(b) Date of occurrence 5:27-45

(c) Where did injury occur? Missouri Shaver Shop
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway

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

23. Signature Wm. W. Hood (M. D. or other) _____
Address Paplar Bluff Mo Date signed 6-4-45

JUL 5 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

Alvin W. Hood

Licensed Embalmer No.

2780

P. O. Address

Flat River 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.