

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 3032

Registration District No. 157

Primary Registration District No. 5589

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town rural - Union Township
(c) Name of hospital or institution: Carthage Route 3
(d) Length of stay: In hospital or institution 8 years
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural
(d) Street No. Carthage Route 3
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Anna Sophia Nelson

(b) If veteran, name war none (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 Nels Nelson 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased November 20 1854

8. AGE: Years 91 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Smoland Sweden

10. Usual occupation at home

11. Industry or business

12. Name Peter Peterson
13. Birthplace Smoland Sweden
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Ralph Ellison
(b) Address Route 3, Carthage, Mo.

17. (a) burial (b) Date thereof Jan 16, 1946

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 1-14-46 (b) R. B. Clinton M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1946 hour 2 minute a M.

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

Immediate cause of death cardiac failure
Due to senile atrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy 162 coroner's investigation

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

23. Signature W. B. Perrett (M. D. or other) Address 3114 Poplar Date signed 1/12/46

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

1405

46-1-32

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..... *Emm. L. Jones*

Licensed Embalmer No. *391*

P. O. Address *Carters*

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.