

**FILED** MAR 18 1946

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Green-Smith  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

3. (a) PRINT FULL NAME William Lee Nelson

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

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

7. Birth date of deceased November 8 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Sheldon Nelson

13. Birthplace Not known U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Callie Miller

15. Birthplace Not known, U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charley Nelson

(b) Address Quadin, Mo.

17. (a) Removal (b) Date thereof 2-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby, Mo.

18. (a) Signature of funeral director W. J. King

(b) Address Brookfield, Mo.

19. (a) 2-8-46 (b) W. J. King  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58

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

(d) Street No. 1  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1946 hour 8 minute 05 p.m.

21. I hereby certify that I attended the deceased from Feb 6 1946 to 6 Feb 1946  
that I last saw him alive on 6 Feb 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cerebral hemorrhage (stroke) Duration 13 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 830

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 W. J. King (M. D. or other) M.D.  
Address Brookfield, Mo. Date signed 2-8-46

RECEIVED

District Health Officer No. 10

District File Number 2-46-49

Date Filed MAR. 15. 1946

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 W. E. Summers

Licensed Embalmer No. 2159

P. O. Address Richville, 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.