

FILED APR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210

Primary Registration District No. 9322

Registrar's No. 24

1. PLACE OF DEATH:
 (a) County Mercer
 (b) City or town Princeton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mercer
 (c) City or town Princeton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles M. Nelson

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

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

6. (b) Name of husband or wife Jeannette Nelson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 6 1976 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 18 hr. min.

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

10. Usual occupation Auctioneer

11. Industry or business _____

12. Name John M. Nelson Sweden 4

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

14. Maiden name _____

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

16. (a) Informant Mrs Chas Nelson

(b) Address Princeton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 26, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Mose

(b) Address Princeton, Mo

19. (a) 3-25-46 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 24, year 1946 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Mar 24, 1946 that I last saw him alive on Mar 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation
chronic atherosclerosis

Duration

Due to _____

Due to _____

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

Major findings: Of operations 92
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 Dr. M. Perry (M. D. _____)

Address Princeton, Mo Date signed 5/22-46

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

9042

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Dee Mass

Licensed Embalmer No. 2634

P. O. Address Puncheon 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.