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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12928**

**FILED** MAY 14 1946

Registration District No. **134**

Primary Registration District No. **4208**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Mt. Moriah  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison **41**  
(c) City or town Mt. Moriah **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Levi 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 Widowed

6. (b) Name of husband or wife Eliza Nelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 18 1960  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Nelson

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

14. Maiden name Betty Blankenbaker

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

16. (a) Informant Roy Nelson

(b) Address Greeley, Colorado

17. (a) Burial (b) Date thereof Feb. 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery

18. (a) Signature of funeral director J. M. Chambers

(b) Address Mt. Moriah, Missouri

19. (a) Apr 15-46 (b) S. Pha Shaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov. 10-1946  
19 \_\_\_\_\_ to Feb 22 19 46  
that I last saw him alive on Feb. 22 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Due to arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 4 mths  
10 yrs

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

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 0

23. Signature G. L. Sellers (M. D. or other) \_\_\_\_\_  
Address Mt. Moriah Mo. Date signed 2/23/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
41833

111

1500

**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.....

*JM Chambers*....., Registered Apprentice No. *2109*  
working under my personal supervision.

Signed *JM Chambers*.....  
Licensed Embalmer No. *2109*  
P. O. Address *JM Chambers*.....

**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.**