5. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32562

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 383

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 N. Franklin / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No. 3 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John Nelson
3. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: August (Month) 22 (Day) 1866 (Year)
8. AGE: Years 80 Months 0 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace: Adair Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER 12. Name: George Nelson 9
FATHER 13. Birthplace: Unknown (City, town, or county) ____ (State or foreign country) 1
MOTHER 14. Maiden name: Martha Canaday 0
MOTHER 15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country) 1
16. (a) Informant: Percy Nelson
(b) Address: Lemons, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Canady Cmt.
18. (a) Signature of funeral director: D. E. Riley
(b) Address: Kirksville, Mo.
19. (a) 10-7-46 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1946 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from 2, 19____, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dalation of heart	
Due to: Passive congestion of Lungs and Liver	
Due to: Gomeurlonephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 30
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0
23. Signature: Foster R. Easley Coroner (M. D. or other)
Address: Brashear, Missouri Date signed 9-18-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1916
Date Filed OCT 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Rockville Md

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.