. S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV. 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33030

Registration District No. 67 Primary Registration District No. 5965 Registrar's No. 17

2

31858

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Sparta Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sparta Township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Mo. (b) County Christian 0

(c) City or town Sparta Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James A. Nelson

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

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Mattie Nelson 6. (c) Age of ~~husband~~ or wife if alive 71 years

7. Birth date of deceased Dec (Month) 8 (Day) 1867 (Year)

8. AGE: Years 78 Months 8 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Rufus Nelson
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clell Nelson
(b) Address Ozark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Shipman Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Oct 28-46 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1946 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 2 Sept 1 1946, to 3 Sept 1946; that I last saw him alive on 2 Sept 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	unknown
Due to arteriosclerosis	yrs.
Due to	
Other conditions Tumor of abdomen (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations 94A
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 [signature] (M. D. or other) MD

Address Ozark, Mo. Date signed 11 Sept. '46

5 8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1146-1620
Date Filed NOV 6 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.