

**FILED** OCT 28 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 60

1. PLACE OF DEATH:  
 (a) County Leflore  
 (b) City or town Livingston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 9th St 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Leflore  
 (c) City or town Livingston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9th St (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FENTON A NELSON

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 3  
 year 1946 hour 1 minute A M.

3. (b) If veteran, name war World War II 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 1 Sept 46  
 \_\_\_\_\_, 19\_\_\_\_, to 3 Oct, 1946  
 what I last saw h. in alive on 2 Oct, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death Rheumatic heart disease with congestive failure  
 Duration \_\_\_\_\_

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

7. Birth date of deceased July 29 1920  
 (Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

10. Usual occupation Laborer

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 9513

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

12. Name Gra Nelson

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

14. Maiden name Grueney Anderson

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

16. (a) Informant Mrs Grueney Nelson  
 (b) Address Livingston MO

17. (a) Burial (b) Date thereof 10-5-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston MO

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? \_\_\_\_\_

18. (a) Signature of funeral director Barrett J. Stumpf  
 (b) Address Livingston MO  
 19. (a) 10-10-46 (b) Thomas E. Radtke  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Loell Ward MD (M. D. or other) \_\_\_\_\_  
 Address Livingston MO Date signed 10/3/46

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

MOTHER FATHER

FEB 20 1947

Sanitary Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-26-46

OCT 28 1946

DEC 17 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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Levington, Va

**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.**