

FILED JAN 23 1947

State File No.

Registration District No. 2

Primary Registration District No. 3005

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 518 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler
(If outside city or town limits, write "RURAL")

(d) Street No. 518 N. Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marshall Elmer Nelson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1947 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from July 1, 1947 to Jan. 15, 1947
that I last saw him alive on Jan. 15, 1947 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Nelson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Sept. 15 1860
(Month) (Day) (Year)

Immediate cause of death Cancer of stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76 4 00 hr. min.

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

10. Usual occupation Contractor

11. Industry or business

12. Name Silas M. Nelson

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

14. Maiden name Mildred Zimmerman

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

Major findings: None

Of operations

Of autopsy None 46B

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Wife

(b) Address Butler, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial Oak Hill Cemetery (b) Date thereof Jan 17 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Culver Underwood

(b) Address Butler, Missouri

While at work? None (Specify place) (Means of injury)

19. (a) 1-17-47 (b) Benjamin H. Hery
(Date received local registrar) (Registrar's signature)

23. Signature B. M. Hery (M. D. or other)
Address Butler, Mo. Date signed 1-16-47

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

1888-1971

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 John J. Underwood
Licensed Embalmer No. 3585
P.O. Address Butler 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.