

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Beersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McKinnon Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 15 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk  
(c) City or town Hale  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hannie A Nelson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Shelby Nelson 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased May 1869  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name Lena Dyer

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

14. Maiden name Lucia Woods

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

16. (a) Informant Meta Nelson

(b) Address Hale Mo

17. (a) Burial (b) Date thereof May 1 1947  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Polk Cemetery

18. (a) Signature of funeral director Walter Blum

(b) Address Hale Mo

19. (a) 5-1-47 (b) Walter Blum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year \_\_\_\_\_ hour 9:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 24 1947 to April 29 1947  
that I last saw her alive on April 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Duration 6 days

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

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

Other conditions (Include pregnancy within 3 months of death) g m B

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury L

23. Signature W. H. Potts (M. D. or other) MD

Address Brookfield Mo Date signed 5-1-47

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 *Frank E. Slater*

Licensed Embalmer No. *937*

P. O. Address *Helio 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.**