

FILED JUL 14 1947
Registration District No. 289

Primary Registration District No. 4320

Registrar's No. 42

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Palmyra
(If outside city or town limits, write "RURAL")
 (d) Street No. 107 E. Jefferson St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Estella V. Nelson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 17
 year 1947 hour 12 minute 15 A. M.
 21. I hereby certify that I attended the deceased from June 10
1947 to June 19, 1947
 that I last saw her alive on June 17, 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Madison Nelson (Deceased) 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 24-1870
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism & obstruction of
arteries
 Due to _____
 Due to _____
 Other conditions Pernicious Anemia
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name James Stewart

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

14. Maiden name Mary C. Walden

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

16. (a) Informant Mrs. Stewart McLeod

(b) Address Palmyra Mo. (Rural)

17. (a) Greenwood Cem. (b) Date there 6-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo.

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra Mo.

19. (a) 6-27-47 (b) Trisha Lee Deputy
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

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 _____
 23. Signature [Signature] (M. D. or other) _____
 Address Palmyra Mo Date signed 6/26/47

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

102

64
2
8

Duration
weeks

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

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 R. M. Sprague
Licensed Embalmer No. 999
P. O. Address Palmyra 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.