

FILED JUL 9 1947

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Ceryan
(b) City or town Ashtabula Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 9 mo
In this community 3 years 9 months
years, months or days

8. (a) PRINT FULL NAME KEITH NELSON

3. (b) If veteran, name war L 8. (c) Social Security No. L

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

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

7. Birth date of deceased 3-23 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business L

MOTHER FATHER
12. Name George A. Nelson
13. Birthplace Ashtabula Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Smith
15. Birthplace Ashtabula Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 7-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtabula, Mo.

18. (a) Signature of funeral director Thos. Funeral Home
(b) Address Nevada, Mo.

19. (a) 7-1-47 (b) Kathryn Vance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pelliss'08
(c) City or town Ashtabula
(If outside city or town limits, write "RURAL")
(d) Street No. L
(If rural, give location)
(e) If foreign born, how long in U. S. A. L years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1947 hour 2 minute 59 M.
21. I hereby certify that I attended the deceased from 11-27 1945 to 7-1-1947
that I last saw him alive on 6-30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myelitis encephalitis
Duration

Due to L

Due to L

Other conditions Psychosis
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 30
Of operations L
Of autopsy L
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) L

(b) Date of occurrence L

(c) Where did injury occur? L
(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) L

While at work? L (a) Means of injury L

23. Signature R. Hall M.D. (M.D. or other)
Address Nevada Mo Date signed 7-1-47

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

08
00
00

RECEIVED
District Health Officer No. 7,
District File Number 6-47-291
Date Filed 7-7-47

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 *A. H. Marmaduke*

Licensed Embalmer No. 2070

P. O. Address Wanda, 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, above space should be left blank.