

S. No. 2
1-1/47
5-17-39

FILED DEC 5 1947-7
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
Route #4 Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage "Rural"** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #4** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Lars Anton NIELSON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Margaret Janson Nielson**

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

7. Birth date of deceased **September 28, 1858**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 89 | 1 | 27 | _____ hr. _____ min. |

9. Birthplace **Denmark** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith**

11. Industry or business _____

MOTHER FATHER {

12. Name **Niels Hanson**

13. Birthplace **Unknown Denmark** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Niels Unknown**

15. Birthplace **Unknown Denmark** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Bennett**

(b) Address **Route #4 Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **11-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **11-28-1947** (b) **D. B. Clinton**
(Date received local registrar) (Registrar's signature) **139**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25th.**
year **1947** hour **12:00** minute **A.** **M.**

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death **Myo Carditis**
of Parture

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause of 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 true of place) (Means of injury)

23. Signature **W. H. Gephart** (M. D. or other) **DO**
B. H. Gephart Address **3114 Gephart** Date signed **11/29/47**

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

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

Marion Y. McCormick
 Marion Y. McCormick

Registered Apprentice No. *#17*

working under my personal supervision.

Signed

Gene C. Pugh
 Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.