

FILED DEC 17 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41317
State File No. _____
Registrar's No. 42

Registration District No. 109

Primary Registration District No. 5424

1. PLACE OF DEATH:

(a) County... Dunklin
(b) City or town... Campbell R.R. 1 Union Jct
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... _____ (Specify whether
years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Dunklin 35
(c) City or town... Campbell
(If outside city or town limits, write "RURAL")
(d) Street No... R.R. #1 (Rural)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Simon Nellesen
3. (b) If veteran, name war... None
3. (c) Social Security No. _____

4. Sex... Male 5. Color or race... White
6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Josephine Nellesen
6. (c) Age of husband or wife if alive... 54 years
7. Birth date of deceased... January 14 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>18</u>hr.min.

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

10. Usual occupation... Farming

11. Industry or business... _____
12. Name... Herman Nellesen
13. Birthplace... Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name... Alida Dychmann
15. Birthplace... Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Josephine Nellesen
(b) Address... Campbell Mo. R. 1

17. (a) Burial (b) Date thereof... 12-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Glenmonville

18. (a) Signature of funeral director... Lander Funeral Home
(b) Address... Campbell Missouri

19. (a) 12/6/47 (b) Mrs. Pearl Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1947 hour _____ minute 2:00 P.M.

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

Immediate cause of death... Acute Heart Failure
Due to... Due to Chronic Heart Disease

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

PHYSICIAN
Major findings:
Of operations... _____
Of autopsy... 95C
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury... _____
23. Signature... Walter A. Hawboldt
Address... Ren nett mo Date signed 12-2-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1247-1579

Date Filed 12-11-47

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

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.