

FILED FEB 11 1948

Registration District No. **70**

Primary Registration District No. **3002**

Registrar's No. **23**

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Mexico
(c) Name of hospital or institution Rear Short Harrison st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Andrew
(c) City or town Mexico
(d) Street No. Rear Short Harrison st.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE NELSON

3. (b) If veteran, name war 4 3. (c) Social Security No. no

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Nelson 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec 7 1917 (Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 27 hr. _____ min.

9. Birthplace Highland Mo. Montgomery Co. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER { 12. Name Mathew Collier, Montgomery
13. Birthplace Montgomery Co. Mo.
14. Maiden name Lebbie Couler
15. Birthplace Montgomery Co. Mo.

16. (a) Informant Sally Lewis

(b) Address New Florence Mo.

17. (a) Burial (b) Date thereof Feb 8 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmed cemetery Mexico Jackson Park Mo.

18. (a) Signature of funeral director _____

(b) Address Bureau Home 409 Walnut st

19. (a) 2-5-1948 (b) B. Stanche Neely (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1 1947 to Feb 3 1948 that I last saw her alive on Feb 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ?

Due to _____

Due to _____

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

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 John G. Owen (M. D. or other) Dr

Address Mexico Mo. Date signed 2/4/48

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

MAR 21 1949

MAR 1 1948

MAR 21 1949

RECEIVED
District Health Officer No. 10
District File Number 248285
Date Filed FEB 10 1948

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.....

Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address.....

Columbus, Ga.

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.