

FILED JUL 19 1948

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **746**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
 (c) City or town **Chillicothe**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **233 Herreman**
 (If rural, give location)
 (e) Citizen of foreign country? **Yes** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JULIANNA NELSON**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mike Nelson** 6. (c) Age of husband or wife if alive **husband** years
 7. Birth date of deceased **6-1-1884**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **11**
 year **1948** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **7-5-1948** to **7-10-1948**
 that I last saw her alive on **7-10-1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by hanging.**

Due to _____
 Due to _____

Other conditions **Psychosis**
 (Include pregnancy within 3 months of death) **2 months**
 Major findings: **Manic Depressive-Depressive**
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Suicide by hanging.**
 (b) Date of occurrence **7-11-1948**
 (c) Where did injury occur? **St. Joseph Buchanan MO**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No. 2
 While at work? **✓** (Specify type of place) (e) Means of injury **Hanging.**

23. Signature **Forest Thomas** (M. D. or other)
 Address **State Hospital No. 2** Date signed **7-11-48**
W. Marroway O.D. St. Joseph, Mo.

8. AGE: Years **64** Months **1** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **unknown Denmark**
 (City, town, or county) (Name of foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Shoe making**

12. Name **Pete Paulson**

13. Birthplace **unknown Denmark**
 (City, town, or county) (Name of foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown Denmark**
 (City, town, or county) (Name of foreign country)

16. (a) Informant **Mrs. Frank Lazzara**

(b) Address **2846 N. Orchard, St. Joseph, Mo.**

17. (a) Removal (b) Date thereof **7/12/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chillicothe, Mo.**

18. (a) Signature of funeral director **Halton Burman**

(b) Address **St. Joseph Mo.**

19. (a) **7-14-48** (b) **E. C. Jenkins**
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DEC 14 1953

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.....

Ernie Wood

Licensed Embalmer No. *3804*

P. O. Address.....

319 So 10th St. Joplin, 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.