S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27127

Registration District No. 341 Primary Registration District No. 5828 Registrar's No. 22

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural - Portage (If outside city or town limits, write "RURAL" and name of township) (LeSueur twp)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)
In this community 40 years.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural. (If outside city or town limits write "RURAL")
(d) Street No. 8 Miles East of Portageville (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Kenia Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 14 (Day) 1874 (Year)
8. AGE: Years 74 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Hubbell (City, town, or county) Penn (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business —
FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)
16. (a) Informant Dora Gerald.
(b) Address New Madrid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid Mo.
18. (a) Signature of funeral director Richards Funeral Co.
(b) Address New Madrid Mo.
19. (a) 8-5-48 (Date received local registrar) (b) Ellen DeLude (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1948 hour 10:05 minute a. M.
21. I hereby certify that I attended the deceased from July 22, 1948, 19..., to July 22, 1948, 19...; that I last saw him alive on July 22, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia	Duration
Due to Chronic Nephritis	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1313	PHYSICIAN
Of autopsy	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)
(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 Henry N. Carter M. D. (M. D. or other)
Address Portageville, Mo. Date signed 7-31-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 848-1041
Date Filed 8-18-48

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 Lowell Green Jr., Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.