

Filed **SEP 29 1948**
Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 274

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

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Turksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Abraham Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
 (Specify whether years, months or days)
 In this community 21 days
 years, months or days

3. (a) PRINT FULL NAME Floyd Augustus Nelson
 3. (b) If veteran, name war _____ 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 Edith Neegie 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased July 14 1901
 (Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Wk Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Sec Chamber Comm

MOTHER FATHER
 11. Industry or business _____
 12. Name J. S. Nelson
 13. Birthplace Wk Sweden
 (City, town, or county) (State or foreign country)
 14. Maiden name Ermy Winslow
 15. Birthplace Wk Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Floyd A Nelson
 (b) Address Turksville Iowa

17. (a) Burial (b) Date thereof 9-23-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Turksville Iowa

18. (a) Signature of Days Funeral Home
 (b) Address Turksville, Mo.

19. (a) 9-22-48 (b) State Chamber
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Iowa (b) County Lee 997
 (c) City or town Turksville 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1617 Johnson St 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1948 hour 1 minute 50 PM

21. I hereby certify that I attended the deceased from 9-2, 1948 to 9-20, 1948
 that I last saw him alive on 9-20, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
 Due to Intestinal Obstruction at Ileo-cecal valve
 Due to Omental Adhesions
 Other conditions Gall Bladder disease
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Cholecystectomy Adhesions
 Of operations Ileo-cecal Area - Phastic
reconstruction Ileo-cecal Valve
 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 Carl Huggelin Jr (M. D. or other) Do.
 Address Turksville Mo Date signed 9-20-48

DEC 17 1948

JUN 23 1949

RECEIVED

District Health Officer No: 10

District File Number 9-48-162

Date Filed SEP 28 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 _____

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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 licensè.)

If this body is not embalmed, fact should be so stated above.