

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29283**
Registrar's No. **140**

FILED OCT 14 1948

Registration District No. **82**

Primary Registration District No. **3017**

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

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one week**
(Specify whether
In this community **one week**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Cooper**
(c) City or town **Bunceton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **MARY-E-NELSON**

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

4. Sex **Female** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **abe Nelson** 6. (c) Age of husband or wife if alive **seventy years**
7. Birth date of deceased **July 24 1892**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Cooper Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

MOTHER FATHER

12. Name **Alfred Newman**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **no record**
15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Nelson**

(b) Address **Bunceton Mo**

17. (a) **Burial** (b) Date thereof **10-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunceton Mo**

18. (a) Signature of funeral director **Jesse E. Pritchard**

(b) Address **Boonville Mo**

19. (a) **10-7-48** (b) **Dr. Cooper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**
year **1948** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 13**, 1948, to **Oct 4**, 1948;
that I last saw him alive on **Oct 4**, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **15 days**

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature **J.C. Tincher M.D.** (M. D. or other) **M.D.**
Address **Boonville Mo** Date signed **10/5/48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....10-13-48.....

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jimmie E. Richardson*.....

Licensed Embalmer No. *2466*.....

P. O. Address. *Lepton, 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.