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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32178

FILED NOV 9 1948

Registration District No. 46

Primary Registration District No. 5150

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Rural Hamilton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles W Hamilton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Russ 89  
(c) City or town Rural Russell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Edge of Myville  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME SARAH JANE NELSON

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William J. Nelson 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 22 1864  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Russell Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henderson Spain

13. Birthplace Spain  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Snodgrass

15. Birthplace Spain  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Brown

(b) Address Hamilton, R.F.D. #3

17. (a) Burial (b) Date thereof 10/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director Wm. H. H. #

(b) Address Hamilton, Mo

19. (a) Oct 26/48 (b) Blades Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1948 hour 11:51 minutes AM

21. I hereby certify that I attended the deceased from Oct 9 1948 to Oct 10 1948  
that I last saw him alive on Oct 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations g 3

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 2

23. Signature W. H. H. # (M. D. or other) Do

Address Hamilton Mo Date signed Oct 11 1948

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Joseph H. White*  
Licensed Embalmer No. 4064  
P. O. Address *Putnam, 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.**