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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1948

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 35506

Registrar's No. 168

**1. PLACE OF DEATH:**

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Short Harrison st 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) None

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. Short Harrison 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

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

3. (b) If veteran, name war none

3. (c) Social Security No. 487-22-4531

4. Sex male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased May (Month) 21 (Day) 1897 (Year)

8. AGE: Years 51 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Rankin Co. (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

FATHER
12. Name Robert Gilliam
13. Birthplace Rankin Co. (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Elizbeth Darth
15. Birthplace Rankin Co. (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant John Gillrum
(b) Address 1421 E. Bolivar st. Mexico

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico no cemetery

18. (a) Signature of funeral director Jackson-Parker
(b) Address Funeral Home Mexico Mo

19. (a) 11/17/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 14th year 1948 hour 12 noon minute ..... M.

21. I hereby certify that I attended the deceased from Coroners Case, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death from a 38 cal. Revolver in the front part of neck killing the deceased almost instantly. Revolver held in the hand or hands of Ida May Butler, While Robert Nelson was breaking into her home and threatening to kill Ida May Butler and her Mother. Duration

Other conditions We feel that Ida May Butler had to defend her-self & Mother (Include pregnancy within 3 months of death)

Major findings:
Of operations The body was found by Ida May Butler & Emil B Morgan
Of autopsy yes Jury & Coroner

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) homicide

(b) Date of occurrence Nov. 14th 1948

(c) Where did injury occur? Mexico (City or town) Audrain (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home of Ida May Butler (Specify type of place)

While at work? no (e) Means of injury bullet

23. Signature S. C. Adams Coroner (M. D. or other)

Address Mexico Mo. Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 6 1949

RECEIVED
District Health Officer No. 10
District File Number 11-48-1990
Date Filed NOV 22 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 Stuart L. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

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