S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1948

State File No. .....

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 300

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH 88
(c) City or town MOBERLY (If outside city or town limits, write "RURAL") 6
(d) Street No. 521 CHANDLER (If rural, give location) 3 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME ELLEN LUCILE NELSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife CASKIE NELSON
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased FEB. (Month) 10 (Day) 1904 (Year)

8. AGE: Years 44 Months 9 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace SHELBYVILLE, (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name BENJ. FLORENCE
13. Birthplace (City, town, or county) N.K. (State or foreign country) 1
MOTHER
14. Maiden name ELISA McGRUBER
15. Birthplace SHELBY CO. (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant CASKIE NELSON
(b) Address 521 CHANDLER, MOBERLY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation OAKLAND CEM., MOBERLY.
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO. 6
19. (a) Nov 26-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 269

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 23RD year 1948 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 21, 1948, to Nov 22, 1948; that I last saw her alive on 9:40 AM Nov 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure	30 min
Due to —	
Due to —	
Other conditions: Pen hysterectomy (Include pregnancy within 3 months of death)	
Major findings: Of operations: multiple myoma	
Of autopsy: 1391	

PHYSICIAN — 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 0

23. Signature Robert H Young (M. D. ~~or other~~)
Address MOBERLY, MO. Date signed 11-29-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) YOUNG

RECEIVED
District Health Officer No. 10
District File Number 11-68-2019
Date Filed NOV 29 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.