

FILED DEC 28 1948  
Registration District No. **1948**

Primary Registration District No. **4447**

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

**1. PLACE OF DEATH:**  
(a) County Ray  
(b) City or town Henrietta  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. not listed  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 86 yrs (Specify whether years, months or days)

**3: (a) PRINT FULL NAME** Willie Nelson  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Katie King 6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased March 1, 1862  
(Month) (Day) (Year)

**8. AGE:** Years 86 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Henrietta, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner, retired  
11. Industry or business Coal Mining

**MOTHER FATHER**  
12. Name Walker Nelson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Nelson  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine West  
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 12/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Quest-Lile F.H.  
(b) Address Richmond, Missouri

19. (a) Dec 11, 1948 (b) Malcol Jackson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Ray  
(c) City or town Henrietta  
(If outside city or town limits, write "RURAL")  
(d) Street No. Not listed  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Dec. day 8  
year 1948 hour 10:45 P.M. minute M.  
21. I hereby certify that I attended the deceased from Sept. 16, '48  
to Dec 8, 1948  
that I last saw him alive on Sept. 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchiopneumonia Duration 10 wks.  
Due to Bronchitis asthma  
Due to Anthraxosis ± 15 yrs.  
Other conditions (Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings:  
Of operations 10  
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  
23. Signature M. Johnson (M. D. or other) MD  
Address Richmond, Mo Date signed 12/11/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-17-48

MAR 3 1949

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 \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.