FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 20 1948

Registration District No. 3778

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42331

Primary Registration District No. 45-5-0

Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County: Worth
(b) City or town: Sheridan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9½ hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Worth 113
(c) City or town: Sheridan
(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: 11

3. (a) PRINT FULL NAME: Charles Royce Nelson
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: male U
5. Color or race: White
6. (a) Single, widowed, married, divorced: 1
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: December (Month) I (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 9 hr. 30 min.

9. Birthplace: Sheridan (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Charley Nelson
13. Birthplace: Ravenwood (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Thelma Surplus
15. Birthplace: Sheridan (City, town, or county) Mo. 1 (State or foreign country)

16. (a) Informant: Charley Nelson
(b) Address: Sheridan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheridan Cemetery

18. (a) Signature of funeral director: Jack C. Dunfee
(b) Address: Grant City, Mo.

19. (a) Received 7-48 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-1-48, 19 48, to 12-2, 19 48, that I last saw h.im alive on 12-2-, 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Spontaneous Delivery	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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:

23. Signature: H. E. Finch (M. D. or other) MD
Address: St. Maryville Mo. Date signed: 12/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.