

STANDARD CERTIFICATE OF DEATH

State File No. 42331

FILED DEC 20 1948
Registration District No. 2178

Primary Registration District No. 4932

Registrar's No. 40

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: 9 1/2 hours
 (Specify whether in hospital or institution)
 In this community... 9 1/2 hours
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Royce Nelson

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex... male 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 1, 1948
 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name... Charley Nelson13. Birthplace... Reverwood Mo.
 (City, town, or county) (State or foreign country)14. Maiden name... Thelma Surpless15. Birthplace... Sheridan Mo.
 (City, town, or county) (State or foreign country)16. (a) Informant... Charley Nelson(b) Address... Sheridan, Mo.17. (a) Burial (b) Date thereof... 12-3-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation... Sheridan Cemetery18. (a) Signature of funeral director... Grant C. Dwyer(b) Address... Grant City, Mo.19. (a) December 7-48 (b) Leta E. Dawson
 (Date received local registrar) (Registrar's signature)20. Signature... 34521. Address... 34522. Date signed... 12/6/4823. Signature... 34524. Address... 34525. Date signed... 12/6/4826. Signature... 34527. Address... 34528. Date signed... 12/6/4829. Signature... 34530. Address... 34531. Date signed... 12/6/4832. Signature... 34533. Address... 34534. Date signed... 12/6/4835. Signature... 34536. Address... 34537. Date signed... 12/6/4838. Signature... 34539. Address... 34540. Date signed... 12/6/4841. Signature... 34542. Address... 34543. Date signed... 12/6/4844. Signature... 34545. Address... 34546. Date signed... 12/6/4847. Signature... 34548. Address... 34549. Date signed... 12/6/4850. Signature... 34551. Address... 34552. Date signed... 12/6/4853. Signature... 34554. Address... 34555. Date signed... 12/6/4856. Signature... 34557. Address... 34558. Date signed... 12/6/4859. Signature... 34560. Address... 34561. Date signed... 12/6/4862. Signature... 34563. Address... 34564. Date signed... 12/6/4865. Signature... 34566. Address... 34567. Date signed... 12/6/4868. Signature... 34569. Address... 34570. Date signed... 12/6/4871. Signature... 34572. Address... 34573. Date signed... 12/6/4874. Signature... 34575. Address... 34576. Date signed... 12/6/4877. Signature... 34578. Address... 34579. Date signed... 12/6/4880. Signature... 34581. Address... 34582. Date signed... 12/6/4883. Signature... 34584. Address... 34585. Date signed... 12/6/4886. Signature... 34587. Address... 34588. Date signed... 12/6/4889. Signature... 34590. Address... 34591. Date signed... 12/6/4892. Signature... 34593. Address... 34594. Date signed... 12/6/4895. Signature... 34596. Address... 34597. Date signed... 12/6/4898. Signature... 34599. Address... 345100. Date signed... 12/6/48

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

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
 1948, to 12-2-48, 1948
 that I last saw him alive on 12-2-48
 and that death occurred on the date and hour stated above.

Duration
 Immediate cause of death
Coronary Hemorrhage
Spontaneous Delivery

Due to... Spontaneous Delivery

Due to... None

Other conditions... None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations... None
 Of autopsy... None

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... J. E. French (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)

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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. Dingle

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.