

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 8 Hours
 (Specify whether
 In this community 26 Years
 years, months or days)

8. (a) PRINT FULL NAME Carl W. Nelson 4258. (b) If veteran,
name war No8. (c) Social Security
No. None4. Sex Male
5. Color or
race White6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife None6. (c) Age of husband or wife if
alive No years7. Birth date of deceased May 19 1913
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
26 6 12 hr. min.9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Attending High School11. Industry or business None12. Name Charles Nelson18. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)14. Maiden name Anna O'Connor
(City, town, or county) (State or foreign country)15. Birthplace Wilks Barie Pennsylvania
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles Nelson(b) Address 1302 1/2 Jay Joplin Mo17. (a) Burial (b) Date thereof 12-2-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director Hessbert and Co(b) Address 212 Joplin St. Joplin Mo.19. (a) 12-1-39 (b) Ed J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1305 Kentucky Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1939 hour 7:05 minute 2 A. M.21. I hereby certify that I attended the deceased from
11-30 1939 to 11-30 1939
that I last saw him alive on 11-30 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Status Epilepticus 9 hrDue to Prof. Massive Cerebral Hemorrhage 12 hrOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations g. 2 hr

Of autopsy

Duration

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)
 (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

28. Signature [Signature] (M. D. or other)
Address Joplin, Mo Date signed

DEC 15 1939

RECEIVED

District Health Officer No. 6,

District File Number 239-2521

Date Filed DEC 7 1933

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.....

Stevie D. Parker

Licensed Embalmer No. 2548

P. O. Address.....

Joplin, 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, above space should be left blank.