DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12171

State File No.

Registration District No. 744 Primary Registration District No. 3085 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) all life

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul Wayne 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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8 (Day) 1939 (Year)

8. AGE: Years | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Richmond Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Babe

11. Industry or business

FATHER
12. Name John Marvin Nelson
13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred McGinnis
15. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Nelson

(b) Address Richmond Mo.

17. (a) Liberty Cemetery (Burial, cremation, or removal) (b) Date thereof April 6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery Ray Co. Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) April 5-1940 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death.

Due to Crib too close to heated stove

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident

(b) Date of occurrence Apr 5-1940

(c) Where did injury occur? Richmond (City or town) Ray (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury fire

23. Signature G W Gaines (M. D. or other) M.D.

Address Richmond Mo. Coroner Date signed 4-5-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

X19511

151

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-10-40

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 J B Brothers, Registered Apprentice No. ..... working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address

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.

No. 2B
-2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12171

Registration District No. 744 Primary Registration District No. 3035 Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul W. Nelson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 5
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.
Immediate cause of death Burned to death Duration
Due to Crib too close to Heated stove
Due to House did not burn
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. W. Gaines (M. D. or other)
Address Richmond Date signed

SUPPLEMENTARY

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15

1940
S-12171