S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28506

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 660 A

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hosp. 1
(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 1425

2. USUAL RESIDENCE OF DECEASED:
(a) State O Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2054 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME EDNA. A. NELSON.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James M. Nelson
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Dec. 2 (Month) 1867 (Day) (Year)

8. AGE: Years 72 Months 8 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Mo. O. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business In home
FATHER
12. Name J. H. N. Peck
13. Birthplace Unknown Georgia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy G. Cass
15. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles Freeman
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Comfort Cem
18. (a) Signature of funeral director J. W. Wagner & Co
(b) Address Springfield, Mo.
19. (a) Aug 12 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1940 hour 5 minute 00 P M.

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

	Duration
Immediate cause of death Uremia	
Due to Pyelonephritis	
Due to Cancer of Bladder primary	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Supra pubic section carcinoma
Of autopsy Pyelonephritis, Hepatitis

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 W. J. Wise (M. D. or other)
Address Hallam Ab Date signed 8/12/40

(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 Ogle Stone Jr., Registered Apprentice No. 232, working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield 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.