

No. 2  
13-40  
17-39  
X23159

NOV 15 1940  
Registration District No. 213

Primary Registration District No. 3014

State File No. \_\_\_\_\_  
Registrar's No. 256

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution St. Marys Hosp  
(d) Length of stay: In hospital or institution 3 weeks  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Marion  
(c) City or town Vienna  
(d) Street No. R.R.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lucy ANNA Nelson

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 3  
year 1940 hour 9:00 minute \_\_\_\_\_ A. M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from September 4 to October 3, 1940  
that I last saw her alive on October 3, 1940  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married

Immediate cause of death Septicemia

6. (b) Name of husband or wife Olga Nelson 6. (c) Age of husband or wife if alive 57 years

Due to Cyanosis infection

7. Birth date of deceased: (Month) 12 (Day) 18 (Year) 1882

Due to right hand & arm

8. AGE: Years 58 Months 4 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to uncture wound from a

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

Other conditions thorn  
(Include pregnancy within 3 months of death)

10. Usual occupation huf

Major findings: Amputation  
Of operations arm below shoulder

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Joe Bader (City, town, or county) (State or foreign country)

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Anna Bader

15. Birthplace Marion Co (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Nelson (b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof 10-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director [Signature] (b) Address Vienna, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence about Aug 1, 1940

(c) Where did injury occur? Marion Co (City or town) (County) (State)

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

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address Jefferson City Date signed 10-4-40

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

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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 *W. C. Cunningham*  
Licensed Embalmer No. *3664*  
P. O. Address *Gretna, Pa.*

**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.**