

No. 2  
13-40  
17-39  
X23159

Filed Dec 11 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38942

State File No. \_\_\_\_\_

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 217

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Rural E. Jackson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
County Farm - Carthage Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)  
 In this community 26 Years

3. (a) PRINT FULL NAME Maggie Margaret 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 F.A. Nelson  
 6. (c) Age of husband or wife if alive 27 years  
 7. Birth date of deceased December 27 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 3  
If less than one day hr. min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business Home  
 12. Name Joe Ferguson  
 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Morrow  
 15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Nelson  
 (b) Address Joplin Mo  
 17. (a) Burial (b) Date thereof 12-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ozark Cemetery Cem.  
 18. (a) Signature of funeral director Arthur J. Smith & Co.  
 (b) Address 212 Jackson St. Joplin Mo.  
 19. (a) Nov. 30, 1940 (b) E. J. W. Intine  
(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. 408 E. 12th St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
 year 1940 hour 2 minute 25 P. M.  
 21. I hereby certify that I attended the deceased from about Aug 1st  
1940, 1940, to November 30, 1940  
 that I last saw her alive on 11/29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
 Due to Chronic nephritis  
 Due to \_\_\_\_\_  
 Other conditions Sepsis  
(Include pregnancy within 3 months of death)  
 Major findings: 24  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 6 days  
 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?  
815 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Address] Date signed 11/30/40

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

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40-12-651

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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 *Sam E. Senseney Jr*

Licensed Embalmer No. *4099*

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, fact should be so stated above.**