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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19614 ~~17317~~
State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 561

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

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Buchanan 1
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 128 Massechusetts
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hannah Nelson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Monroe
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December (Month) 3 (Day) 1886 (Year)

8. AGE: Years 54 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business Home
FATHER
12. Name William M. Morgan
13. Birthplace Jackson (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Mary Ann Reese
15. Birthplace Wales (City, town, or county) England (State or foreign country) 4
16. (a) Informant Monroe Nelson (Husband)
(b) Address 124 Massechusetts
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation Dawn Missouri Cemetery
18. (a) Signature of funeral director John E Rupp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.
19. (a) May 28-1941 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day May year 1941 hour 11 minute 25 A M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on May 26, 1941, to , 19 ; that I last saw ~~[illegible]~~ , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burning of Clothing off the body. First, Second, and third degree burns of entire body from forehead to the knees.

Duration: 1 day.

Other conditions Paralysis of the right arm and right leg following an apoplectic stroke 1937.
(Include pregnancy within 3 months of death)
Major findings Of operations
Of autopsy no

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 May 26-1941 122
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her home (Specify type of place)
85 While at work? yes (e) Means of injury Clothing fire
23. Signature H F Mundy (M. D. ~~or other~~) Coroner
Address 404 So 3d Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

JUL 19 1944

MAR 7

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 Myself, Registered Apprentice No. _____ working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.