No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25875

Registration District No. 698

Primary Registration District No. V927

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte

(b) City or town ~~Bean Lake (Rural)~~ Parkville Twp

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

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(If outside city or town limits, write "RURAL")

(d) Street No. 2909 Lafayette

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harold A. Nelson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Jew

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 5, (Day) 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
18	7	8	hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Morris M. Nelson

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

MOTHER 14. Maiden name Bessie Nelson

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

16. (a) Informant Morris M. Nelson

(b) Address 2909 Lafayette St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Yaakov

18. (a) Signature of funeral director FLEEMAN & SON

(b) Address St. Joseph, Mo.

19. (a) 7-14-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 13 1941 to July 13 1941 that I last saw him alive on July 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Drowned

Due to Boat Capsizing

Due to

Other conditions No (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None, body recovered

Duration
Few minutes

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 183

(b) Date of occurrence July 13 at 2:30 PM 1941

(c) Where did injury occur? Bean Lake Platte Mo (City or town) (County) (State)

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

While at work? Pleasure (e) Means of injury Drowned

23. Signature [signature] Coroner (M.D. or other)

Address Dearborn Mo Date signed July 14/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1941

AUG 14 1941

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 Carl W. House

Licensed Embalmer No. 3955

P. O. Address St. Joseph, Mo

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25825

Registration District No. 698 Primary Registration District No. 5927 Registrar's No.

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Bean Lake (Rural)
(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
In this community ~~Life~~ 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2909 Lafayette (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harold A. 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 S
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 Days If less than one day: hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) 7-14-41 (Date received local registrar) (b) J. H. Bell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year hour Centuria
21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death
Due to
Due to
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)
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

The Boy lived in Bean Lake for the day and then came down and got drowned. He was then taken to St. Joseph Mo. Platte Co.