

FILED DEC 18 1941
Registration District No.

Primary Registration District No. 4388

Registrar's No. 110-

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Caruthersville Town
(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
(Specify whether
 In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME IVA NELSON
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Nelson
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased November 16, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 28
 If less than one day
 hr. min.

9. Birthplace Princeton, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name William Barton

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

14. Maiden name Martha E. Lowery

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

16. (a) Informant John Nelson
 (b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.
 (b) Address Caruthersville, Mo.

19. (a) Nov 7, 1941 (b) Oda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1004 Adams Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
 year 1941 hour 3 minute AM.

21. I hereby certify that I attended the deceased from Oct 3
1941, to Nov 4, 1941
 that I last saw her alive on Nov 4, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions 30 lb
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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?

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

While at work?

23. Signature O. O. Carr (M. D. or other) MD
 Address Caruthersville Date signed 11/6/41

Duration swells
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

12-41-20

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.....

J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address *Smithersville, 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.