

JAN 13 1942

Registration District No. 1477

Primary Registration District No. 4578

Registrar's No. 5797

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Syracuse  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Nelson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 27 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business at home

12. Name William McCoy

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

14. Maiden name Martha Snell

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

16. (a) Informant Mrs J. H. Allison

(b) Address Syracuse Mo

17. (a) Removal (b) Date thereof 1-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director James E. Richards

(b) Address Linton Mo

19. (a) 1/6/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
(c) City or town Syracuse  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 18, 1941 to Jan 4, 1942  
that I last saw her alive on Jan 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to General metastasis from cancer on face

Other conditions Epithelioma of face  
(Include pregnancy within 3 months of death)

Major findings: Of operations 53  
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? \_\_\_\_\_  
(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 Theodore W. Doll (M. D. or other) D.O.  
Address Syracuse, Mo Date signed 1-4-42

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

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

MOTHER FATHER

10

RECEIVED

District Health Officer No. 7,

District File Number 12-41-213 B

Date Filed 1-8-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>*was*</sup> embalmed by me, <sup>*or by*</sup> *Me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: \_\_\_\_\_

Licensed Embalmer No. *2466*

P. O. Address \_\_\_\_\_

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.