

FILED APR 20 1942

Primary Registration District No. 5108

1. PLACE OF DEATH:

(a) County Bellinger  
(b) City or town Near Sturdivant Rural  
(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  
In this community 56 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger  
(c) City or town Near Sturdivant Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM MERTON NELSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1942 hour 12 NOON minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 26 1942 to March 26 1942  
that I last saw him alive on March 26 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Olga Nelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 28 1985  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 56 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Bellinger Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Bill Nelson  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Marjorie Farmer  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mrs. Olga Nelson  
(b) Address Sturdivant, Mo.  
17. (a) Burial (b) Date thereof Mar. 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marguerite Memorial Park

23. Signature E. C. Masters (M. D. or other) \_\_\_\_\_  
Address Advocate, Mo. Date signed Mar. 25, 1942

18. (a) Signature of funeral director Marguerite Memorial Park  
(b) Address Advocate, Missouri  
19. (a) 3/28/42 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

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

009  
0  
0

009

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 19 1945

RECEIVED

District Health Officer No. 4  
District File Number 442-468  
Date Filed 4-13-42

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.....

*Lloyd S. Morgan*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address Admission, 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.