

FILED APR 2 1942

Registration District No. **25**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3315 S. 11th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **68 years.** (Specify whether years, months or days)

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. **3315 S. 11th St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **David Glee Nelson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maude P. Nelson** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 4 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	8	2	hr. min.

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

10. Usual occupation **Tavern operator**

11. Industry or business **Cottonwood Inn**

MOTHER FATHER {
12. Name **Jim Nelson**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude P. Nelson**

(b) Address **3315 S. 11th St. St. Joseph, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 9, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cent.**

18. (a) Signature of funeral director **Arman W. Seduladew**

(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **3/9/42** (Date received local registrar) (b) **H. G. Meade** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**
year **1942** hour **12** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **3-6-42**
19... to **3-6-42** 19...
that I last saw him alive on **3-6-42** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	Stat
Coronary heart disease	?
Due to Chl myocarditis	?
Due to	

Other conditions **Mediocr Obesity**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **93d**

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 **Mr. Grimes** (M. D. or other) **0**
Address **St Joseph Mo** Date signed **3/9/42**

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

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56E0-8

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..... *Albert R. Harrington*.....
Licensed Embalmer No. *2258*.....
P. O. Address..... *St. Joseph 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.