V. S. No. 2
9M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17460

State File No. 149

Registration District No. FILED JUN 18 1942 25

Primary Registration District No. 1001

Registrar's No. 497

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

11
1
4

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 St. Hosp. #2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison 11

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

(d) Street No. Rural (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME FLORENCE VIOLA NELSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mons Nelson

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

7. Birth date of deceased October (Month) 10 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
71	71	7	17	7 hr. 10 min.

9. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Hezikiah Swigart
13. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Black
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mons Nelson

(b) Address Westboro Deceased

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman W. Sidenfaden

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

19. (a) 5-18-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5-18, 1942 to 5-18, 1942 that I last saw her alive on May 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hour
Due to Cerebral Arteriosclerosis	5± years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a 1

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) None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature David Edwards (M. D. or other) M D

Address St Joseph Mo Date signed 5-18-42

1203 (Licensed Embalmer's Statement on Reverse Side)

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 Elbert P. Harrington

Licensed Embalmer No. 3258

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.