

See also 25925-46

22379

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

State File No. _____

BUREAU OF THE CENSUS
FILED JUL 13 1942

STANDARD CERTIFICATE OF DEATH

Registration District No. 801

Primary Registration District No. 4474

Registrar's No. 6

1. PLACE OF DEATH

(a) County Saline
 (b) City or town Blackburn Mo
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
 (c) City or town Blackburn
 (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.? 0 years.

3. (a) PRINT FULL NAME David Nelson

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Dec 12 1855
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>			hr. _____ min. _____

9. Birthplace Do not know (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
 { 12. Name Do not know
 { 13. Birthplace Do not know (City, town, or county) (State or foreign country)
 { 14. Maiden name Do not know
 { 15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Rena Nelson (b) Address Blackburn Mo

17. (a) Burial (b) Date thereof 6-18-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Pond Cemetery

18. (a) Signature of funeral director B G Mennich (b) Address Blackburn Mo

19. (a) 6-18-42 (b) Mrs Dora Hoffmann (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1942 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from May 16 - 1942, 1942 to June 16th, 1942 that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Toxaemia
 Due to (1) Enlarged prostate
(2) Bladder Retention
 Due to (3) Nephritis

Other conditions (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? _____ (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 _____

28. Signature L. S. James M.D. (M. D. or other) Address Blackburn Mo Date signed 6-18-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

97
00

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-10-42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Roy F. Wiegert

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22379

Registration District No. 801

Primary Registration District No. 4474

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural
(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.
In this community
years, months or days

3. (a) PRINT FULL NAME David Nelson

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced. W

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

7. Birth date of deceased. Dec 12 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 8 (If less than one day) min. 7

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

10. Usual occupation

11. Industry of business

12. Name

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

14. Maiden name. (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 16 Year 1942 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from May 16, 1942 to June 16, 1942 that I saw him live on June 15, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Toxicemia

Due to Enlarged Prostate
Bladder Retention
Due to Nephritis, Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
Of autopsy

Duration

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 L. S. James (M. D. or other)
Address Blackburn, Mo Date signed 8-16-42

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

SUPPLEMENTAL

MOTHER FATHER

S-22379