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M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36918

FILED DEC 3 1942

Registration District No. 17 Primary Registration District No. 3012 Registrar's No. 169

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 24 days (Specify whether years, months or days)
In this community 5 mos. 24 days

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Nebraska (b) County ? 25
(c) City or town Bellevue 0
(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 -- 2

3. (a) PRINT FULL NAME Joseph Franklin Nelson
3. (b) If veteran, name war World War II
3. (c) Social Security No. 507-07-6628

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased August 17, 1909 (Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 17 If less than one day ... hr. ... min.

9. Birthplace Frankfort, So. Dakota 1 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ?

FATHER
12. Name Victor Nelson
13. Birthplace - (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Viola Booz
15. Birthplace - (City, town, or county) Nebraska 1 (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha, Nebraska
18. (a) Signature of funeral director Claude Prichard
(b) Address CLAUDE PRICHARD, Undertaker Excelsior Springs, Mo.
19. (a) 11-4-42 (Date received local registrar) Mrs Leda Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1942 hour 10:25 minute P. M.
21. I hereby certify that I attended the deceased from May 10, 1942, to November 3, 1942 that I last saw him alive on November 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, Pulmonary, chronic far advanced, active — Duration: unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature FORREST G. BELL, M. D. (M. D. or other)
Address Veterans Administration, Excelsior Springs, Mo. Date signed 11-4-42

1166 (Licensed Embalmer's Statement on Reverse Side)

2108

RECEIVED
District Health Officer No. 8,
istrict File Number
Date Filed 12-2-42

AUG 3 1949

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.