DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 251

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2985

Primary Registration District No. 3048

Registrar's No. 199

17-39
X26390
74
1
2

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74 0
(c) City or town Maryville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 7 Mi. N.E.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel Edward Nelson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S. O

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 30 (Day) 1942 (Year)

8. AGE: Years | Months 3 | Days 10 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Harold Nelson
13. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lizzie Louisa Munson
15. Birthplace Keytesville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Harold Nelson
(b) Address Maryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 43 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo

19. (a) 1-12-43 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 43 hour 8 minute 45P M.

21. I hereby certify that I attended the deceased from 1-10 1943, to 1-10 1943; that I last saw him alive on 1-10 43 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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

23. Signature J. M. Doyle D (M. D. or other)
Address Maryville Date signed 1-12-43

1268 (Licensed Embalmer's Statement on Reverse Side)

FEB 26 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
I—8-21-41
P I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 2985

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 199

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Maryville
(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 years, months or days)

In this community

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

3. (a) PRINT FULL NAME: Daniel Edward Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept (Month) 30 (Day) 99 (Year)

8. AGE: Years | Months: 3 | Days | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia

Due to: No complications

Due to: accepted to motor or fracture

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 107

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature: [illegible] (M. D. or other)

Address Date signed

SUPPLEMENTARY