U. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14497

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town ~~Rural Blue township~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Independence Mo Rt #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Herbert Nelson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Edna Earl Nelson
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February (Month) 10 (Day) 1885 (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Independence Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Letter Carrier
11. Industry or business Mail Carrier K.C. Mo
FATHER
12. Name Joseph Thomas Nelson
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Georgianna Young
15. Birthplace Youngstown Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edna Earl Nelson
(b) Address Indep. Mo Rt #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Otto E. Mitchell
(b) Address Independence, Mo.
19. (a) 4-14-1943 (Date received local registrar) James W. Cross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Apr 10, 1943, to April 12, 1943; that I last saw him alive on April 12, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	15 minutes
Due to: Had one 48 hours previously	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: no operation
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

23. Signature C. E. Allen (M. D. or other) M.D.
Address Independence, Mo Date signed 4-13-43

(Licensed Embalmer's Statement on Reverse Side)

1943

MAY 18 1943

JUN 1 1 '53

JUN 30 1958

MAY 26 1943

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence Mo.

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

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