

FILED 007 1948

STANDARD CERTIFICATE OF DEATH

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 90

1. PLACE OF DEATH Johnson

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Warrensburg Hospital & Clinic Inc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 11 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Kingsville Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lewis William Nelson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katrarine J Nelson

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

7. Birth date of deceased July 1 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace Not known
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce L Stilll

(b) Address Creighton Mo

17. (a) Burial (b) Date thereof 9-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creighton Mo

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg MO

19. (a) Sept 25, 1946 (b) Sarah Ann Custer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - day 24
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 9-13-46, 19____, to 9, 19____, that I last saw him alive on 9-24-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

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 _____

3. Signature R. T. Phillips (M. D. or other) Phillips

Address Warrensburg Mo Date signed _____

PHYSICIAN

Duration ?

Underline the cause to which death should be charged statistically.

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

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 J. Carl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.