

S. No. 2
DOM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30999**

FILED Oct 18 1946

Registration District No. **278**

Primary Registration District No. **4330**

Registrar's No. **107**

1. PLACE OF DEATH

(a) County Mississippi

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

(c) Name of hospital or institution:
Residence
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie, Mo
(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.....

3. (a) PRINT FULL NAME JOHN HARLEY NELSON

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, Married, widowed, divorced

(b) Name of husband or wife Mina May Nelson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 1 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 11 If less than one day
hr. min.

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

10. Usual occupation Credit Manager

11. Industry or business

12. Name John W. Nelson

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

14. Maiden name Lula Holightly

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

16. (a) Informant Mrs. Mina Nelson

(b) Address East Prairie, Mo

17. (a) Burial (b) Date thereof 8-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. J. W.

18. (a) Signature of funeral director Frank Shelby

(b) Address East Prairie, Mo

19. (a) 8-4-46 (b) Beatrice G. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from on Aug. 12 1946 to Aug. 12 1946 that I last saw him alive on I did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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?

(Specify type of place)

While at work? (c) Means of injury 0

23. Signature A. J. Martin (M. D. or other) 0

Address East Prairie, Mo Date signed 8/21/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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29800

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OCT 2 1898

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 *Travis Shelby*.....

Licensed Embalmer No. *2726*.....

P. O. Address *East Prairie, 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.