

No. 2
5-43
17-39
X36671

State File No.

FILED SEP 30 1948

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County. Oregon
(b) City or town. Thayer
(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. 13 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie Lucille Nelson

3. (b) If veteran, name war. -- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced

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

7. Birth date of deceased. Feb. 17 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 4 17 hr. min.

9. Birthplace. Harrisburg Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation. Domestic

11. Industry or business

MOTHER FATHER

12. Name. S. P. Hogan

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

14. Maiden name. Unknown Minnie Jointer

15. Birthplace. Unknown Conway, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant. Earl Nelson

(b) Address. Thayer, Mo.

17. (a) Burial (b) Date thereof. 7/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Thayer Cem.

18. (a) Signature of funeral director. Leo Carr

(b) Address. Thayer, Mo.

19. (a) 9-21-46 (b) Edick Lerass
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Oregon 75
(c) City or town. Thayer
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 6 minute 3 P. M.

21. I hereby certify that I attended the deceased from 2 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death.

Concussion of Brain
Due to Fracture of Skull

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 168

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. July 4 - 1946

(c) Where did injury occur? Thayer Mo. Residence
(City or town) (County) (State)

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

While at work? (e) Means of injury. Fight

23. Signature. Leo Carr (M.D. or other)
Address. Thayer Mo. Date signed. 7/4/46

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

RECEIVED

District Health Officer No. 5,

District File Number 9-46-533

Date Filed 9-26-46

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 with the above constitutes grounds for revocation of license.)

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