

FILED SEP 30 1946
Registration District No. _____

Primary Registration District No. 4403

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Permiut
(b) City or town Steele
(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)
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permiut
(c) City or town Steele
(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 Lillie Mae Nelson

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

4. Sex M 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Nelson 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Aug 25 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Chromatou, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name D. Wellman

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

14. Maiden name Beader Hayner

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

16. (a) Informant Sweet Hayner

(b) Address Steele, Mo

17. (a) Buried (b) Date thereof 9-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Mo

18. (a) Signature of funeral director J. J. Herman

(b) Address Steele, Mo

19. (a) 10-9-46 (b) L. J. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1946 hour 1 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 5 1946 to Sept 8 1946
that I last saw h. u alive on Sept 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Infection after misadventure (Pop. Co. operation) Case by midnight

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

Major findings: Of operations 140B
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 0

23. Signature J. J. Chapman (M. D. _____)
Address Steele, Mo Date signed 10/1/46

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

MOTHER FATHER

10-46-212

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.....

John G. German

Licensed Embalmer No. *4355*

P. O. Address.....

Dayton, 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.