. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1880

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 S. Washington Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 215 S Washington 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Dorothy Alice 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 Widowed
6. (b) Name of husband or wife John Nelson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September (Month) 18 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	30	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Don't Know
FATHER 13. Birthplace Don't Know (City, town, or county) — (State or foreign country)
MOTHER 14. Maiden name Don't Know
MOTHER 15. Birthplace Don't Know (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs Tom Hunter
(b) Address Monroe City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St Jude Monroe City
18. (a) Signature of funeral director Wilson Sons
(b) Address Monroe City Mo
19. (a) Jan 20, 1947 (Date received local registrar) (b) Elaine Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1947 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from Jan 17 1947, to Jan 17 1947, that I last saw he alive on Jan 17 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	20 HRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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 John H Hobbs (M. D.)
Address Monroe City Missouri Date signed 1/17/47

204 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File 1-47-185
Date Filed JAN 28 1947

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.