S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 16381

Registrar's No. 85

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: ~~16 days~~ Audrain Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Audrain 4

(c) City or town: Mexico (If outside city or town limits, write "RURAL") 1

(d) Street No.: 1016 E. Anderson (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Henry Nelson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M 2

5. Color or race: Col

6. (a) Single, widowed, married, divorced: D 3

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan. 25, 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 26 If less than one day hr. min.

9. Birthplace: Audrain County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Porter

11. Industry or business:

FATHER 12. Name: DK 9

13. Birthplace: (City, town, or county) (State or foreign country) 1

MOTHER 14. Maiden name: DK

15. Birthplace: DK 9 (City, town, or county) (State or foreign country) 1

16. (a) Informant: Louise Johnson

(b) Address: Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Chas Russell

(b) Address: Mexico, Mo.

19. (a) 5/23/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature) 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21 year 1947 hour 4 minute 28 A.M.

21. I hereby certify that I attended the deceased from 4-1- 1947 to 5-21 1947 that I last saw him alive on 5-21-47 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis myocarditis

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 B

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: 0

23. Signature: H. J. Hector (M. D. or other)

Address: Mexico, Mo. Date signed: 5-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-47-911
Date Filed MAY 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 George Wood, Registered Apprentice No. 507, working under my personal supervision.

Signed Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.