

Registration District No. 106

Primary Registration District No. 5420

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Nolcomb
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cochran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(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

Perry Nelson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta Nelson
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 20 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Murphysboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Washawa Nelson
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taylor
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Nelson
(b) Address Bernie, Missouri

17. (a) Rural (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director W. E. ...
(b) Address Bernie Missouri

19. (a) 4-10-47 (b) J. H. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/7
1947 to 3/10 1947
that I last saw him alive on 3/10 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration _____

Due to Strangulated Anus

Due to Peritonitis

Other conditions 127 A
(Include pregnancy within 3 months of death)

Major findings of operations Strangulated Anus Peritonitis
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. E. ... (M. D. or other) DO
Address Nolcomb Date signed 3/10/47

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

MOTHER FATHER

35
0
0

RECEIVED
District Health Office No. 2,
District File Number 642-807
Date Filed 6-2-72

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 J. G. Schauer
Licensed Embalmer No. 4086
P. O. Address Melrose 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.