S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13118

FILED MAY 6 1948

Registration District No. 2487

Primary Registration District No. 5787

Registrar's No. 3-6

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2, Box 16
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 2, Box 16
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---------

3. (a) PRINT FULL NAME: Sol Nelson
3. (b) If veteran, name war: ---------
3. (c) Social Security No.: -----

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Georgia Nelson
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: November 25, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	29	....hr. ....min.

9. Birthplace: Kilber, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Henry Nelson
13. Birthplace: Kilber, Ark. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Georgia Nelson
(b) Address: R.2, Box 16, Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Charleston, Missouri.
19. (a) 4-28-48 (Date received local registrar) (b) Mrs. Jim Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from 12-8-47, 19..., to 4-18-, 1948 that I last saw him alive on 4-18-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic Aneurysm	5 mons
Due to:	
Due to: Arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: W. L. Bingal (M. D. or other)
Address: 204 S. Locust St. Charleston Mo. Date signed 4-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 548-567
Date Filed 5-5-48

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.