No. 2
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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 OCT 31 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 33802

Registrar's No. 366

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wayne 111
(c) City or town: Mill Springs 0 (If outside city or town limits, write "RURAL")
(d) Street No.: Route # 1 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: William Nelson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Belle
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: June (Month) 29 (Day) 1869 (Year)
8. AGE: Years 78 Months 3 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace: Overton Co. (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business ____
MOTHER FATHER
12. Name: John Nelson
13. Birthplace: Tenn. (City, town, or county) (State or foreign country) 1
14. Maiden name: Lelia Leadbetter
15. Birthplace: Tenn. (City, town, or county) (State or foreign country) 1
16. (a) Informant: Irene Randall
(b) Address: Mill Spring, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Wayne Co Mo.
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff Mo.
19. (a) 10/22/47 (Date received by local registrar) (b) R M Brunetree (Registrar's signature) 26

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1947 hour 10 minute 45 P M.
21. I hereby certify that I attended the deceased from Oct 13, 1947 to Oct 18, 1947 that I last saw him alive on Oct 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction intestine + peritonitis

Due to: Ganger of the bowel

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 40 E

Major findings: Of operation: Ganger of the bowel

Of autopsy: ____

Duration

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): no
(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: [illegible] (M. D. or other) MD
Address: Poplar Bluff, Mo. Date signed 10-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1393
Date Filed 10-27-62

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 Philip J. Cassidy, Registered Apprentice No. 108, working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.