No. 2
-12-45
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 APR 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14754

Registration District No. 316 — Primary Registration District No. 3059 — Registrar's No. 135

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 Bonne Terre Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOHN ORAN NELMS
3. (b) If veteran, name war V
3. (c) Social Security No. 526-05-7814
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene S Nelms
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. (Month) 19 (Day) 1901 (Year)

8. AGE: Years 46 | Months 1 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Drill Operator
11. Industry or business St Joseph Lead Co. Mines
MOTHER FATHER
12. Name Gentry Nelms
13. Birthplace Iron Mountain (City, town, or county) Missouri (State or foreign country)
14. Maiden name Martha Jane McConey
15. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Irene S Nelms
(b) Address R-1 Bonne Terre Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cemetery
18. (a) Signature of funeral director Benham Und. Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 4-21-47 (Date received local register) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1947 hour 9 minute 5 A.M.
21. I hereby certify that I attended the deceased from March 10, 1947 to April 10, 1947 that I last saw him alive on April 9 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolus	2-3 min.
Due to Thrombus of rt. femoral vein	8 days
Due to Comminuted fracture crest of right ilium	1 month
Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia & arterio-sclerosis	

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) indirectly to accident
(b) Date of occurrence March 10, 1947
(c) Where did injury occur? Bonne Terre, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? yes (e) Means of injury caught between mine car and piller

23. Signature John W. Wm MD (M.D. or other)
Address 32 W School St. Date signed 4-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 442-582

Date Filed 4-29-47

JUN 11 1957

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 [redacted], Registered Apprentice No. [redacted], working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3766

P. O. Address Banner Terre Ma

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.