

Registration District No. 36A

Primary Registration District No. 5409 5526

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Preston Mo.
(c) Name of hospital or institution: Frank's Shop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Frederick Nelson

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex mo 5. Color or race wh 6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Judy Nelson 6. (c) Age of husband or wife if alive may 7, 1857 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 21 hr. min.

9. Birthplace Stockholm Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace ✓ (City, town, or county) (State or foreign country) 9
14. Maiden name ✓
15. Birthplace ✓ (City, town, or county) (State or foreign country) 9

16. (a) Informant John Nelson

(b) Address Kansas City Mo

17. (a) burial (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cemetery

18. (a) Signature of funeral director J.P. Luckey

(b) Address Wheeler - Mo

19. (a) July 13-42 (b) Mary F. Carlsheim
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wickary
(c) City or town Preston Mo.
(d) Street No. Cross Timbers
(If ~~street~~ give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 minute midnite
year 1942 hour 12:00 M.

21. I hereby certify that I attended the deceased from on
Feb 23 1942 to 19
that I last saw him alive on Feb. 23, 1942, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral degeneration (Pituitary gland)
Due to Hypertension

Due to Cerebral hemorrhage
due to mss. leftward

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a!
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?

23. Signature McH. Speland (M. D. or other) DO.
Address Cross Timbers Date signed July 8 1942

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

3003

RECEIVED

District Health Officer No. 7,

District File Number 8-42-903

Date Filed 8-10-42

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

Joe R. Lucery

Licensed Embalmer No. 2982

P. O. Address Wheatland W.

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.