

FILED FEB 14 1945

Registration District No. 297

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3057

State File No. 3180

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Hickory St.  
(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)

3. (a) PRINT FULL NAME Anna Bell Nelson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George Nelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 30 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 9 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J.W. Collier  
13. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Evans  
15. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Marvin Nelson

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Feb. 5, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Richmond, Mo.

19. (a) Feb 6 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Rishmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hickory St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1945 hour 9 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from 6-1-44, 19\_\_\_\_, to 2-3-45, 19\_\_\_\_;  
that I last saw her alive on 2-3-45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 hr.

Due to Hypertension ?

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Richmond, Mo. Date signed 2-6-45

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

19  
/

1280

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-13-45

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, ~~###~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.**