DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35030

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4005

NOV 14 1939

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3909 Central (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3909 Central (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Miss Eleanor M. Nelson 435
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: Single
6. (b) Name of husband or wife: - no
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Sept. 26, 1870 (Month) (Day) (Year)

8. AGE: Years 69 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Fairbury (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At home
11. Industry or business: ____
MOTHER FATHER
12. Name: George W. Nelson
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name: Eliza L. Moberly
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Roger H Nelson
(b) Address: 3909 Central
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 W. 42nd St., K.C., Mo.
19. (a) 10/18/39 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16, year 1939 hour ____ minute 9:45 A. M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal uremia	
Due to: Chronic vascular nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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): ____
(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? ____ (Specify injury)
23. Signature: Leslie R. Mahler (M. D. or other)
Address: K.C. Mo. Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60M-5-17-39
Rev. 5-17-39
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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~~ Clarence W. Chilo

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clarence W. Chilo

Licensed Embalmer No. 3473

P. O. Address N e 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, above space should be left blank.