

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24283**
Registrar's No. **2893**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(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: **General Hospital #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5-29-40-7-17-40**
(Specify whether years, months or days)
In this community **3 years**

3. (a) PRINT FULL NAME: **Arthur Nelson**
3. (b) If veteran, name war: **No**
3. (c) Social Security No.: **Unknown**

4. Sex: **Male** 5. Color or race: **Negro** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Juanita Nelson** 6. (c) Age of husband or wife if alive: **Unknown** years
7. Birth date of deceased: **3 11 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **6** If less than one day hr. min.

9. Birthplace: **Reservation Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Laborer**

11. Industry or business: **9**

MOTHER FATHER { 12. Name: **John Nelson**
13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name: **Annie Graves**
15. Birthplace: **Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **Record Clerk**
(b) Address: **Gen. Hosp. #2**

17. (a) **Burial** (b) Date thereof: **July 19, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Blue Ridge**

18. (a) Signature of funeral director: **Edna Duran**
(b) Address: **1409 E. 12th**

19. (a) **July 19, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Mo.** (b) County: **Jackson**
(c) City or town: **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No.: **622 Troost**
(If rural, give location)
(e) If foreign born, how long in U. S. A. 7. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7** day **17**
year **40** hour **4** minute **02 A.** M.

21. I hereby certify that I attended the deceased from **5-29-**, 19**40**, to **7-17-**, 19**40**, that I last saw him alive on **7-17-**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia - Terminal Nephritis**

Due to: **Dehydration**

Due to: **Cancer of bladder** **51**

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

PHYSICIAN
Major findings: Of operations: _____
Of autopsy: _____
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? _____ Means of injury _____

23. Signature: **M. M. Crowe** (a. D. or other) _____
Address: **Gen. Hospital #2** Date signed: **7-19-40**

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

Rev. 5-17-39 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.

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.....

L. C. Harris, Jr.
Licensed Embalmer No. 3388

P. O. Address K. C. 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.