S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37803

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4401

FILED DEC 17 1940

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: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-3-40-11-16-40 (Specify whether)

In this community 17 years (years, months or days)

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. 3623 Bellaire (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Otheal Nelson

3. (b) If veteran, name war: ____

3. (c) Social Security No. none

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James Nelson

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: 6 (Month) 22 (Day) 1896 (Year)

8. AGE: Years 44 | Months 4 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ?

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: Gen. Hosp. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 18 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge

18. (a) Signature of funeral director: Adkins Bros. Co.
(b) Address: 2000 E. 12th St. K.C. Mo.

19. (a) 11-18-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 40 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-3- 1940 to 11-16- 1940 that I last saw her alive on 11-16- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast with Metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

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? (e) Means of injury ?

23. Signature: [illegible] (M. D. or other)
Address: Gen. Hosp. # 2 Date signed 11-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 Edw Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E. 15th

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.