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123159

BUREAU OF THE CENSUS
FILED NOV 24 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4144

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 840 West 39th Terrace
(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 49 years 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 840 West 39th St, Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Franklin Arthur Nelson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1941 hour 11:00 minute 0 M.

3. (b) If veteran, name war World

3. (c) Social Security No. 188-07-2153

21. I hereby certify that I attended the deceased from January 15, 1937 to November 5, 1941;
that I last saw him alive on November 5, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 24 1892
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration 2 hours

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>11</u>	hr. _____ min.

Due to Coronary occlusion 4 years

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions arterial hypertension 4 years
(Include pregnancy within 3 months of death)

10. Usual occupation Sales Manager

11. Industry or business A. Reich & Sons

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Franklin W. Nelson

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Christine Modine

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

16. (a) Informant Mrs. Gertrude Nelson

(b) Address 840 W. 39th Terrace

17. (a) Burial (b) Date thereof 11-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-7-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

23. Signature Grubbs Asher (M. D. or other) 0

Address 11220 Prof. Bldg. Date signed 11-5-41

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

DDV 241941

*Dr. Johnson
Chief Embalmer*

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *No e mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.