

S. No. 2
M-9-4-41
5-17-39
P.I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17092

FILED JUN 8 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2151

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 2452 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

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. 2452 Tracy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Nelson

3. (b) If veteran, name war 1st World War
3. (c) Social Security No. 5-10-510-65-4385

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Valsadie Nelson
6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Odt. 19 1889
(Month) (Day) (Year)

8. AGE: Years 52 ~~55~~ Months 7 Days 8
If less than one day hr. min.

9. Birthplace Brenham Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Armour

12. Name Daniel Nelson

13. Birthplace Charleston S.C.
(City, town, or county) (State or foreign country)

14. Maiden name Fislie Sales

15. Birthplace Gay Hill Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Valsadie Nelson
(b) Address 2452 Tracy

17. (a) Burial (b) Date thereof 6-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Brady & Brown

(b) Address 1708 Tracy

19. (a) 6-1-42 (b) M. M. Browne
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 - 42
year hour minutes M.

21. I hereby certify that I attended the decedent from 5-10-42 to 5-20-42, 1942
that I last saw him at home, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide Gas Poisoning
Due to

Due to 178C
Other conditions (Include pregnancy within 3 months of death) 14

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) Unknown

(b) Date of occurrence 5/26/42

(c) Where did injury occur? K. G. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) Gas Poisoning
(e) Means of injury

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

Address [Signature] Date signed

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

MOTHER FATHER

361

JUN 8 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.