

FILED JUN 6 1943 99

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 502 East 15th St.
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WARREN ROBERT NELSON

3. (b) If veteran, name war. no

3. (c) Social Security No. 492-16-7247

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, 2 divorced WIDOWER

6. (b) Name of husband or wife Nancy Jane 6. (c) Age of husband or wife if alive, years 15

7. Birth date of deceased APRIL 15, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 6 If less than one day
hr. min.

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

10. Usual occupation RETIRED POULTRY DEALER

11. Industry or business JOHN NELSON SELF

12. Name John Nelson

13. Birthplace M G O
(City, town, or county) (State or foreign country)

14. Maiden name LUCY LYNN

15. Birthplace M G O
(City, town, or county) (State or foreign country)

16. (a) Informant MRS A. H. LAWSON

(b) Address 2610 DENVER

17. (a) BURIAL (b) Date thereof MAY 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELM 777

18. (a) Signature of funeral director C. H. Blackburn

(b) Address 11-C-3rd

19. (a) 5-26-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1942 hour 6 minute 20 A.M. M.

21. I hereby certify that I attended the deceased from 5-20-42, 19____ to 5-24-42, 19____
that I last saw h. im alive on 5-24-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to 83a

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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)

(e) Means of injury 0

23. Signature Amey R. Johnson (M. D. or other) _____

Address Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
23

361

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.....

H. D. Blickman

Licensed Embalmer No.

3639

P. O. Address.....

K. P. 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, fact should be so stated above.