

FILED OCT 24 1944  
Registration District No. 179

Primary Registration District No. 1002

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

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:  
Gen. Hosp. #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10-10-44-10-11-44  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 516 Gillis  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

ANNA NELSON

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased Oct. (Month)

17 (Day)

1896 (Year)

8. AGE:

Years

Months

Days

If less than one day

47

11

22

hr.

min.

9. Birthplace

Saline Co., Mo.  
(City, town, or county)

(State or foreign country)

10. Usual occupation

Unemployed

11. Industry or business

MOTHER FATHER

12. Name Joe Nelson

13. Birthplace

Saline Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Adams

15. Birthplace

Saline Co., Mo.  
(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

10/14/44  
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Johns Hosp.

18. (a) Signature of funeral director

Walter B. Brown

(b) Address

1729 1/2 Fair Ave.

19. (a)

10-14-44  
(Data received local registrar)

(b)

N. E. Brown  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1944 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 10  
1944, to Oct. 11, 1944;  
that I last saw her alive on Oct. 11, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration

Due to Ruptured pyonephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

133 b-1

Major findings: Of operations

Of autopsy Same as above

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?

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

23. Signature W. E. Brown (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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. Jerome Moulou  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**