

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9595**

FILED APR 10 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1445

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Lakeside Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 32nd and Blue Ridge
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Conrad Henry NEELSON
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23 rd
year 1946 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 26, 1946 to March 23, 1946
that I last saw him alive on March 23, 1946
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 Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 27, 1874

Immediate cause of death General Sarcemia Duration 30 days
Due to Chronic Nephritis 4 yrs
Due to Prostatic Hypertrophy 8 yrs
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: ✓
Of operations: ✓
Of autopsy: ✓

8. AGE: Years Months Days If less than one day
71 5 26 hr. min.

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

10. Usual occupation Retired
Retail Grocerman

11. Industry or business _____
12. Name Christian Nielson
13. Birthplace Unknown Denmark
14. Maiden name Wilhelmina Wunderbeck
15. Birthplace Hamburg Germany

16. (a) Informant Carl A. Nielson
(b) Address 2604 East 50th St. K.C. Mo.

17. (a) Burial (b) Date thereof 3-26-46
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 3-26-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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

23. Signature J. M. Ague (Specify type of place) D. D. O.
Address Ind. of Ind. Mo. Date signed 3/25/46

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

MAY 9 1946

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..... 2999.

P. O. Address..... K.C.

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.