

S. No. 2
OM-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

20424

State File No. _____

FILED JUL 10 1946
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2899

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 minutes
(Specify whether)

In this community 52 yrs
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. 1721 Virginia
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RUFUS NELSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Velma Nelson

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December 25, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>45</u>	<u>25</u>	hr. _____ min.

9. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Velma Nelson, Wife

(b) Address 1721 Virginia

17. (a) Burial (b) Date thereof 7-5-46
(Burial, cremation, or removal) (month) (Day) (Year)

(c) Place: burial or cremation Red

18. (a) Signature of funeral director Wm A. Phaup

(b) Address City

19. (a) 6-30-46 (b) Heraldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 4 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 20, 1946 to June 20, 1946
that I last saw him alive on June 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy and Acute Dilatation

Duration _____

Due to _____

Due to _____

Other conditions Epilepsy - Grand Mal 2 Yrs.
(Include pregnancy within 3 months of death)

Major findings: 95C2

Of operations _____

Of autopsy Cardiac Hypertrophy and Acute Dilatation

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? _____

23. Signature [Signature] (Specify type of place) _____
White at work? _____ (e) Means of injury _____

Address 600 East 22nd St. Date signed 6/20/46

(Licensed Embalmer's Statement on Reverse Side)

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

19297

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wm A. Sawyer*

Licensed Embalmer No. *3089*

P. O. Address..... *150 7th*

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.