

No. 2
-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38338
Registrar's No. 5090

Registration District No. 147 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(c) Name of hospital or institution: North East Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Rural
(d) Street No. 5 miles N.W. Harrisonville
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Elmer Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. 22

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2
year 1947 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from Apr
that I last saw h. l. m. alive on Nov. 30
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 married
6. (c) Age of husband or wife if alive unk years

Immediate cause of death
Cerebral Apoplexy & Convulsions
Due to Chronic Hypertension and stroke suffered in Apr. 7 1946
Other conditions Diabetes

8. AGE: Years 62 Months 9 Days 01
If less than one day hr. min.

9. Birthplace Germany
10. Usual occupation Teacher

11. Industry or business
12. Name John Boren Nelson
13. Birthplace East Kansas
14. Maiden name E. Boren
15. Birthplace Germany

Major findings:
Of operations W
Of autopsy

16. (a) Informant E. B. Brimley
(b) Address Harrisonville Mo
17. (a) Burial (b) Date thereof Dec 4 1947
(c) Place: burial or cremation Harrisonville Mo
18. (a) Signature of funeral director Stacy W. Clure
(b) Address Kansas City Mo
19. (a) 12-3-47 (b) Edaldine Holme

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature Paul Green (M. D. or other) D.O.
Address Harrisonville, Mo. Date signed 12/2/47

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

MOTHER FATHER

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..... *W. T. Oliver*.....
Licensed Embalmer No..... *475*.....
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.