

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23131
Registrar's No. 2913

FILED JUL 22 1948
Registration District No. 149

Primary Registration District No. 1002

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:
1901 East 9th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 51 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 42
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 East 9th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1948 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him Deputy - Coroner alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Beulah Nelson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 17, 1897
(Month) (Day) (Year)

Immediate cause of death _____
Cardiac Failure
Due to Hypertensive Heart Disease
Due to _____
Other conditions Alcoholism
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
51 4 26 hr. _____ min.
9. Birthplace Kansas City, Missouri 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Major findings: _____
Of operations 930
Of autopsy No - Permit
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Alexander Nelson
13. Birthplace California 1
(City, town, or county) (State or foreign country)
14. Maiden name Clara Strode
15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Nelson
(b) Address 1901 East 9th St.
17. (a) Burial (b) Date thereof 7/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Arthur H. Broad
(b) Address 1729 Broadway Ave.
19. (a) 7-15-48 (b) W. H. Williams
(Date received local registrar) (Registrar's signature)

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 W. H. Williams (M. D. or other) W. H.
Address 2636 - Brooklyn Date signed _____

7-14-48

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.....

D. J. Manlove

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.