

S. No. 3909
DM-10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26505
3110
Registrar's No.

Registration District No. 149

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
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 9 DAYS
In this community 3 Years

3. (a) PRINT FULL NAME MARY NELSON
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife Jule Nelson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 7, 1892

8. AGE: Years 55, Months 8, Days 22
If less than one day hr. min.

9. Birthplace WARREN ARKANSAS

10. Usual occupation AT HOME

11. Industry or business

12. Name AUSBIE COLEN

13. Birthplace ARKANSAS

14. Maiden name ANGELINE ROLAND

15. Birthplace ARKANSAS

16. (a) Informant JAMES W. JOHNSON (GRAND-SON)

(b) Address 507 W. 39 TH ST.

17. (a) Burial (b) Date thereof 7/30/48

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director

(b) Address 1729 Lytle Ave.
19. (a) 7-30-48 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 507 W. 39TH ST.
(e) Citizen of foreign country? NO

20. DATE OF DEATH: Month JULY day 28, year 1948 hour 11: minute 05 A. M.
21. I hereby certify that I attended the deceased from JULY 19, 1948 to JULY 28, 1948
that I last saw her alive on JULY 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY EMBOLISM
arteriolar nephrosclerosis
Due to UNKNOWN CAUSE

Due to Coronary arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy SAME AS ABOVE

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 of physician M.D. M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 7/29/48

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 *Jerome M. Moore*.....

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.