

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26506
State File No. _____
3099
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST VINCENT'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HRS (Specify whether
In this community 8 HRS
years, months or days)

3. (a) PRINT FULL NAME MARY THERESA NELSON
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 27 1948
(Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name RICHARD E. NELSON
13. Birthplace KANSAS CITY, MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARY JANE KNIPPIER
15. Birthplace KANSAS CITY, KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard E. Nelson
(b) Address 1104 Benton Blvd., K.C., Mo.

17. (a) Burial (b) Date thereof 7-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 7-29-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1104 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 27
year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from at delivery
_____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____
Due to _____
Due to _____
Other conditions 159
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 _____
23. Signature Howard L. Tolson M.D. or other _____
Address 2226 E. 69th St. Date signed July 29

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

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. B. [Signature]

Licensed Embalmer No.....

2999

P. O. Address.....

KL

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.