

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33952**

FILED OCT 22 1949

Registrar's No. **4267**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4267	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 71 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 641 East 70th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Godfrey c. (Last) Nelson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1878	9. AGE (In years last birthday) 71 YEARS		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY RETIRED-15 YEARS		11. BIRTHPLACE (State or foreign country) Wyandotte County, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Peter Nelson			13b. MOTHER'S MAIDEN NAME Ellen Anderson		14. NAME OF HUSBAND OR WIFE PEARL Pearl Nelson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-30-1599		17. INFORMANT'S SIGNATURE OR NAME MRS. ESTHER RICE		ADDRESS 941 EAST 70th St. KANSAS CITY, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver Cholecystitis with stones Cholangitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) Perniciou anemia				INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs. 4 yrs.	
19a. DATE OF OPERATION 9-12-49		19b. MAJOR FINDINGS OF OPERATION Stone in common duct				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 8, 1949 , to Oct 4, 1949 , that I last saw the deceased alive on Oct 3, 1949 , and that death occurred at 8:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE A. J. Spafford M.D. (Degree or title)				23b. ADDRESS 0 Maple Hlgh. N.E. Mo.		23c. DATE SIGNED 10-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-6-1949		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 10-5-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Paecomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

1050
1-5:30 P.M.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 Mo.*

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.