

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28035

Do not use this space.

## 1. PLACE OF DEATH

(a) County Garrison Registration District No. 399  
(b) Township 4/1 an Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. K C Gen Hosp Registered No. 3346  
(If death occurred in hospital or institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 301 W 9th St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hella B Nilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

FATHER 13. NAME Emmanuel Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Caroline Sophie Danilsson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Heard Clerk K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug. 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City Mo.

20. FILED Aug 24 1938 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1938 to 8-21 1938

I last saw deceased alive on 8-21 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of  
oesophagus 46 yr  
Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of yes  
What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) P. A. De Maria, M. D.  
(Address) Dept K C Gen Hosp

**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.....

Licensed Embalmer No.....

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, above space should be left blank.**