APR 17 1939

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

9576
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 399
(b) Township Raw | Primary Registration District No. 1007 | Registered No. 1182
(c) City Kansas City (d) Street No. St Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
425

2. PRINT FULL NAME Mrs. Clara Belle Nillson
(a) Residence, No. 5635 Rockhill Rd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF H. A. Nillson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1868
7. AGE Years 70 Months 4 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Mont Rose Nova Scotia

FATHER
13. NAME Willet Edsson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

MOTHER
15. MAIDEN NAME Elizabeth Messenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT H. A. Nillson
(ADDRESS) 5635 Rockhill Road
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE March 18 1939
19. FUNERAL DIRECTOR (NAME) H. H. Newcomer's Son
(ADDRESS) Brookside & Pagen
20. FILED Mar 17 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/12 1939 to 3/16 1939
I last saw her alive on 12-16 1939 Death is said to have occurred on the date stated above, at 7:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary arteriosclerosis	
Chronic Pelvitis Nephritis	
Hypertension	
Chronic nephritis	

Other contributory causes of importance: 59

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify —
(Signed) H. H. McCallister, M. D.
(Address) 8 Ashley

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Lawrence Carr

Licensed Embalmer No. 4031

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.