

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43619

Registration District No. 400

Primary Registration District No. 555313

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co Home (Colored)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether
In this community 1125
years, months or days)

3. (a) PRINT FULL NAME

BETTIE NELSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive 3 years 18 years 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 26 or min.

9. Birthplace Columbia, Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business None

12. Name Garned Fields

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Louisa Green

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katie Bright

(b) Address 2211 N. 5th KC Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-'39 (Month) (Day) (Year)

(c) Place: burial or cremation Highland, KC Mo.

18. (a) Signature of funeral director Henry Beentstreet

(b) Address 1819 E. 15th KC Mo.

19. (a) 12-19-39 (Date received local registrar) (b) Sara L. Baines (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 21445 Michigan KC Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Dec
year 1939 hour 7:45 minutes AM

21. I hereby certify that I attended the deceased from Nov 15
1939 to Dec 14 1939
that I last saw her alive on Dec 14 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Antic + Mitral Insufficiency
Due to _____
Due to Don't know if it
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) L
(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 L. W. Booker (M. D. or other) _____
Address 2028 Univ Date signed 12-18 1939

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 Edw J Evans

Licensed Embalmer No. 3876

P. O. Address 1819 E 15 150

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.