

REC'D JAN 8 1940

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community.....
years, months or days)

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. 2901 Olive,
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1940 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from
12-4-40, 19, to 12-16-40, 19;
that I last saw him alive on 12-16-40, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
PREMATURITY
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations.....
Of autopsy.....
None

22. If death was due to external causes, fill in the following:
(a) 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 Arthur R. Phow (M. D. or other).....
Med. Dir. K. C. Gen. Hospital, K. C. Mo.
Address Date signed.....

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

3. (a) PRINT FULL NAME Nelson infant
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 4, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 12 If less than one day
hr. min.

9. Birthplace K. C. General Hospital
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Billy Albert Nelson
13. Birthplace Boliver, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Vida Mae Lewallen
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Billy Albert Nelson
(b) Address 2901 Olive, K. C. Mo.

17. (a) Burial (b) Date thereof Dec 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harman Ben - Day Co Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 12-17-40 (b) M. M. Corone
(Date received local registrar) (Registrar's signature)

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.....

Harold L. Posson

....., Registered Apprentice No.

working under my personal supervision.

Signed

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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, above space should be left blank.