S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30518

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3275

42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Hosp.No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 27 Days 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson 999
(c) City or town Iola 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 528 So. Kentucky
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H.Nelson

3. (b) If veteran, name war No

3. (c) Social Security No. 409-10-9551

4. Sex Male 0

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Reddick Nelson

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January (Month) 7. (Day) 1886 (Year)

8. AGE: Years 55 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Prairie Grove, Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Construction Work

FATHER
12. Name Unknown 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Nelson
(b) Address Iola, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Iola Kansas.

18. (a) Signature of funeral director Ramsey Funeral Home
(b) Address Missing Kansas

19. (a) 9/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8 - 24 - 41, 19__, to 8 - 31 - 41, 19__; that I last saw him alive on 8-31-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 5 months of death)	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Emery R. Thorn (M.D. or other)
Address Med.Dir.K.C.Gen.Hosp. Date signed 9-1-1941

3 C (Licensed Embalmer's Statement on Reverse Side)

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~~ .....

J. Ramsey, Registered Apprentice No. .....,

working under my personal supervision.

Signed J. Ramsey

Licensed Embalmer No. 4165

P. O. Address Mission Kansas

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.