

FILED OCT 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

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:  
501 West 11th.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 1 Yr.  
(Specify whether 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. 501 West 11th.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Florence I. Nelson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar H. Nelson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 15, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	6	9	hr. _____ min.

9. Birthplace Peoria Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Oakley Hichcock

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

14. Maiden name Ida Gray

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

16. (a) Informant Oscar H. Nelson

(b) Address 501 West 11th.

17. (a) Cremation (b) Date thereof Sept. 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 9/25/41 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th.  
year 1941 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept 11,  
1941 to Sept 24 1941  
that I last saw he alive on Sept 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bacterial pneumonia

Due to Carcinoma Pectorum

Due to 1 1/2

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

Duration	
	<u>3 days</u>
	<u>4 years</u>
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? \_\_\_\_\_

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

23. Signature John T. Shuman (M. D. or other) J. M. D.

Address 147 1/2 Bryant St. Date signed 9-24-41

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

14  
3  
8

48  
19

MOTHER FATHER

5-C-MO

*Bingart*

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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 *Donald E. Browning*

Licensed Embalmer No. *2724*

P. O. Address *F. O. No.*

**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.**