

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4817

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6228 East 16th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

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. 6228 East 16th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louie Gene Nelson

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November 8th, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 15 hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation -- Infant

11. Industry or business

MOTHER FATHER

12. Name Louis Howard Nelson

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

14. Maiden name Bertha Tarwater

15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Howard Nelson

(b) Address 6228 East 16th St. K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 12-24-42 (b) M. M. Covine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
Coroner 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Thymus hyperplasia
Status lymphaticus

Due to 64

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

Duration

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) (c) Means of injury

23. Signature M. M. Covine (M. D. or other) n
Address K.C. Mo. Date signed 12/23/42

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.