No. 2
4-13-40
5-17-39

FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5382

State File No. 1073

MAR 15 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 min (Specify whether years, months or days) In this community 21 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 3227 Garfield (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Baby Nelson
3. (b) If veteran, name war — no
3. (c) Social Security No. none
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 2 (Day) 1943 (Year)
8. AGE: Years — Months — Days — If less than one day — hr. 21 min.
9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation new born
11. Industry or business " "
12. FATHER Name James Wesley Nelson
13. FATHER Birthplace Wellington (City, town, or county) Missouri (State or foreign country)
14. MOTHER Maiden name Lea Marie Whelan
15. MOTHER Birthplace Okmulgee (City, town, or county) Okla (State or foreign country)
16. (a) Informant Mr James Nelson
(b) Address 3227 Garfield, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Mo.
19. (a) 3-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 4 minute 21 A.M.
21. I hereby certify that I attended the deceased from March 2 4 a.m. - 4:21 a.m., 1943, to March 2, 1943 that I last saw him alive on March 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hour
Due to Breech Cabor	
Due to Ho Ob	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy —

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 Eugene H. Ferguson (M. D. or other) MD
Address 933 Brady Bldg Date signed 3-2-43

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Russell N. France

Licensed Embalmer No.....4255

P. O. Address.....K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.