

No. 2  
-5-42  
5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

13334

Registrar's No.

1754

Registration District No.

149

Primary Registration District No.

1002

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:  
Cresthaven Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Selma Cecelia Nelson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry O. Nelson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 4 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Claes Anderson 13. Birthplace Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Albertina Nelson 15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry O. Nelson  
(b) Address 7500 Sunset Drive

17. (a) Burial (b) Date thereof 4-13-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 4-13-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7500 Sunset Drive  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to April 11 1943  
that I last saw her alive on June 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Valvular Heart Disease 12 yrs

Due to Arteriosclerosis 24 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
12 yrs  
24 yrs  
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 Call Jackson (M. D. or other)  
Address 1103 E. 11th Date signed 4-12-43

11-4-1920  
1103 E. The  
The 4193  
J. P. ...

**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 Clarence W. Childs  
Licensed Embalmer No. 10134-739  
P. O. Address 34 K.E. 7160

**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.**