. S. No. 2
00M—7-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23996

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3231

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7/19-7/21/43 (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2217 Olive
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARENCE NELSON

3. (b) If veteran, name war World War I

3. (c) Social Security No. 487-05-4145

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 28 (Day) 1888 (Year)

8. AGE: Years 54 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Sheffield Steel Corp.

FATHER
12. Name Gus Nelson
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Anna Giles
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 7-24-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 1:50 minute P M.

21. I hereby certify that I attended the deceased from July 19, 1943, to July 21, 1943; that I last saw him alive on July 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Urinary Estravacation (Old Urethral Stricture)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

136 L2

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 G. O. Dunn (M. D. or other) MD

Address Gen. Hosp. #2 K.C. Mo. Date signed 7-21-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1943

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 Isac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.