

6. No. 2  
4-2.43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30871-4072**

**FILED OCT 13 1943**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

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 No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 19 Days (Specify whether  
In this community 22 years (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. 1740 Paseo (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETHEL NELSON

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

4. Sex FEMALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Kelly Nelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23, 1907 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 4 26 hr. \_\_\_\_\_ min.

9. Birthplace John Holden, Mo., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Hardin  
13. Birthplace Missouri (State or foreign country)  
14. Maiden name Mary Davenport  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hosp. No. 2-

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/23/43 (Month) (Day) (Year)  
(c) Place: burial or cremation Holden, Missouri

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

19. (a) 9-23-43 (Date received local registrar) (b) ST. E. Brown (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9- day 20  
year 1943 hour 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-2-43  
to 9-20-43, 1943  
that I last saw her alive on Sept. 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Pericarditis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 ST. E. Brown (M. D. or other) MD  
Address Gen. Hosp. # 2 Date signed 9/23/43

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

APR 11 1945

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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

*Ernest Manlove*

Licensed Embalmer No. *3094*

P. O. Address *7503 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.**