

FILED NOV 19 1943

Registration District No. 109 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:
3215 Campbell
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 In this community 75 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Hattie Belle Nelson,
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed,
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased August 1 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation at home,
(City, town, or county) (State or foreign country)

11. Industry or business X

12. Name William Thomas,

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth - 9
(City, town, or county) (State or foreign country)

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fern Farmer,

(b) Address 1705 East 29th St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stino & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-6-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson, 48
 (c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 3215 Campbell,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
 year 1943 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from 10-6, 1943 to 11-6, 1943
 that I last saw her alive on Nov-26, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary-Hemorrhage Duration _____

Due to Arterial sclerosis - 1 yr -

Due to Senility -

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83a PHYSICIAN _____
 Of operations _____
 Of autopsy _____
 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 Mary J. Lower (M. D. or other) _____

Address 4116 Walnut City Date signed 11-8-43

4/1/6 W. E. ...

Dr. Lowry

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 E. Mr. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.