No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20778

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2666

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-7-44 - 6-24-44 (Specify whether
In this community lifetime
years, months or days)

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. 3242 Flora,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Nellie McGee 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 William W. Nelson,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August (Month) 6 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	18	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. M. A. Christopher,
(b) Address 3242 Flora, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-26-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1944 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from April 24, 1944 to June 24, 1944
that I last saw her alive on June 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Left Sub brain
Due to Hypertension
Due to Arteriosclerosis
Other conditions ✓
(Include pregnancy within 3 months of death)
83 a
Major findings:
Of operations
Of autopsy 0

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) no
(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? no
(Specify type of place)
While at work? no (e) Means of injury ✓
23. Signature W. B. Miller (M. D. or other) 0
Address [illegible] Date [illegible] 6-24-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. P. Miller.

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. M. 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 wi the above constitutes grounds for revocation of license.)

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