

FILED NOV 13 1944

Registration District No. 1279

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks 0
(Specify whether years, months or days)
In this community 35 years

3. (a) PRINT FULL NAME Mrs. Anna 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 Widow
6. (b) Name of husband or wife Andrew Nelson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 23rd 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ernest G. Nelson

(b) Address 211 West 67th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 est 42nd Street

19. (a) Oct 29 1944 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 211 West 67th Street 8
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweden 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1944 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 21 - 1944 to Oct - 22 1944
that I last saw him alive on Oct - 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Chest 4 mos
pneumonia (lobar) Redden 6 mos

Due to

Other conditions Generalized arteriosclerosis 100%
(Include pregnancy within 3 months of death) Sclerosis

Major findings: 108
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) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address 106 W 14th St. St. Louis, Mo Date signed

Mr. Carl Street

Trinity Hosp. - AM
Office 12 to 4 - 106 W. 14th

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 W. H. Erwin

Licensed Embalmer No. 4352

P. O. Address 14 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.