S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23843

Primary Registration District No. 1002

Registrar's No. 4033

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: 218 East 56th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 65 years
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")
(d) Street No.: 218 East 56th Street 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Mrs. Ingerd Sofi Nelson

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: unk.

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

7. Birth date of deceased: August (Month) 19th (Day) 1859 (Year)

8. AGE: Years 85 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Abram Hjolerson
13. Birthplace: (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant: Mrs. Emri Tilberg
(b) Address: 218 East 56th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 10-7-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1944 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Oct- 1944 to Oct-6 1944
that I last saw her alive on Oct-6- 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalo-Malacia	1 wk
Due to: Cerebro-arteriosclerosis	2 yr
Due to: Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 83 C
Of autopsy:

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: C

23. Signature: Carl A. Brust (M. D. or other)
Address: 106 W 14th St. Kansas City Mo. Date signed Oct 6-44

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.