

FILED MAY 23 1946

Registration District No. 37

Primary Registration District No. 4096

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Freeman Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days)

8. (a) PRINT FULL NAME Rua Catherine Nelson

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife B. Nelson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 16 1867
(Month) (Day) (Year)

8. AGE 78 Years Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James Washington Duncan

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

14. Maiden name Lillie Anthony

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

16. (a) Informant J.W. Suddarth

(b) Address Freeman, Mo.

17. (a) Burial (b) Date thereof Apr. 26, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo.

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland Mo.

19. (a) May 3-46 Karna J. Jones,
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Freeman Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 27 1945 to March 24 1946
that I last saw her alive on March 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 3 days

Due to Bronchial Pneumonia
Essential Hypertension 5 yrs

Due to old causes peculiar to old age

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) (e) Means of injury 2

23. Signature Dr. C. E. Eversett (M. D. or other) Dr.
Address Harrisonville, Mo. Date signed 4/27/46

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

11-3-46

NOT TO BE

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 Geo. E. Myers
Licensed Embalmer No. 2517
P. O. Address Cleveland 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, above space should be left blank.