

FILED APR 22 1946
199

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1656

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1 hr 22 min
(Specify whether) same
In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. North Kansas City RR #5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Baby Nelson

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex female 5. Color or white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 21 hr. 22 min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Bill Albert Nelson

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

14. Maiden name Vida Mae Kewallen

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

16. (a) Informant Mrs. Vida Nelson

(b) Address North Kansas City Mo.

17. (a) removal (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burner Ridge Cem. N.K.C.

18. (a) Signature of funeral director Merton Smith
(b) Address North Kansas City Mo.

19. (a) 4-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 4, 1946 to April 5, 1946
that I last saw her alive on April 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Permativity 2-4 1/2 hrs.

Due to Placenta Previa
Due to C. Section

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159
Of autopsy _____

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) Means of injury 0 0

23. Signature [Signature] (M. D. or other) _____
Address N.K.C. Mo. Date signed 4/6/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Theron O Smith*
Licensed Embalmer No. *3928*
P. O. Address *North Kansas City*

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.