DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40765

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5254

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: Campbell Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR#5 0
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Nelson

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 7 (Day) 1860 (Year)

8. AGE: Years 86 Months 1 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden 4 (State or foreign country)
10. Usual occupation Retired - Plumber
11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Samuel Walter Nelson
(b) Address RR5 North Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope Cem North K.C. Mo
18. (a) Signature of funeral director Martin Smith
(b) Address 832 Armour Rd. North Kansas City, Mo
19. (a) 12-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Dec 11 1946 only, to , 19
that I last saw him alive on Dec 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cerebrovascular accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. Charles Fuller (M. D. or other) MD
Address no. K.C. Mo Date signed 12/14/46

(Licensed Embalmer's Statement on Reverse Side)

No. 4000

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. Garth H. Smith

Licensed Embalmer No. 3927

P. O. Address. North Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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