

No. 2-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1255**
Registrar's No. **27**

Registration District No. **197** Primary Registration District No. **1002**

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 **8 Weeks** (Specify whether
In this community **30 Years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **JOHN P. NELSON**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Lillie E. Nelson** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **July 8th 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **26** If less than one day hr. min.

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

10. Usual occupation **Contractor**

11. Industry or business **Builder**

12. Name **Jonas P. Nilsson**

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

14. Maiden name **Christine Engstrom**

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

16. (a) Informant **Mrs. Lillie E. Nelson**

(b) Address **7341 Washington Street**

17. (a) **Removal** (b) Date thereof **1 - 6 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Scandia, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **1-4-47** (b) **Maldine Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7341 Washington St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **4th**
year **1947** hour **3** minute **6** A.M.

21. I hereby certify that I attended the deceased from **Nov 6 1946** to **Jan 4 1947**
that I last saw him alive on **Jan 3 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from Ulcer of Stomach**
Due to **Acute Cardiac Thrombosis - begun Nov 6 '46**
Resulting in **Chronic Aortic Pericarditis**
Other **Ulcer of Stomach - possibly due to Embolic Pleurisy**
Major findings: **Arterio Sclerosis, Arterial Hypertension**
Of autopsy **Same as above**
Duration **approx 1 hour**
PHYSICIAN **Dr. J. H. Jones**
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 (e) Means of injury
23. Signature **Paul A. Jones** (M.D. or Other)
Address **934 Argyle Bldg Kansas City, Mo.** Date **Jan 4, 1947**

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

MOTHER FATHER

