

FILED APR 8 1947
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1401

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:
K.C. OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

In this community 23 yrs
(Specify whether 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. 3222 E. 12th ST 8
(If rural, give location)

(e) Citizen of foreign country? no 0
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24 76
year 1947 hour 3 minute 36 A.M.

21. I hereby certify that I attended the deceased from Jan 1946 to 3-24 1947
that I last saw him alive on 3-24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia 18 hrs
Chronic Myocarditis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 5 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HARMON DEWEY NELSON

3. (b) If veteran, name war World War (I)

3. (c) Social Security No. 495-03-7691

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ROSE E NELSON

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: JAN 3 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 21
If less than one day hr. min.

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

10. Usual occupation Car Cooper

11. Industry or business K.C.D.

MOTHER FATHER

12. Name John W Nelson

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

14. Maiden name Fancy Ann Runford

15. Birthplace Miss O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose E Nelson

(b) Address 3222 E-12th St Kansas City Mo 64111

17. (a) Buried (b) Date thereof Mar 26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill Cem

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn

19. (a) 3-25-47 (b) S. E. Waldine Holmes
(Date received local registrar) (Registrar's signature)

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)

23. Signature E. J. Reese (M. D. or other) _____
Address 330 E 12th St Date signed 3-24-47

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

AUG 25 1947

3309-E-12.
Ch. 1247.
2-5/12

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

John E. Traking, Registered Apprentice No. 504
working under my personal supervision.

Signed E. Oscar Anthony

Licensed Embalmer No. 1767

P. O. Address Kansas City

APR 29 1947

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.