. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1250

FILED JAN 20 1949
Registration District No. 9

Primary Registration District No. 1602

Registrar's No. 124

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community unknown

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.: 3237 Bellefontaine 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Jesse Nelson

3. (b) If veteran, name war: none

3. (c) Social Security No.: Do not know

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M /

6. (b) Name of husband or wife: Arvella Anna Nelson

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Sept (Month) 28 (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 8 If less than one day ... hr. ... min.

9. Birthplace: mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: James Coffee Nelson
13. Birthplace: Ill (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name: Hanna Elizabeth Miller
15. Birthplace: Ill. (City, town, or county) (State or foreign country) /

16. (a) Informant: Mrs Arvella Anna Nelson
(b) Address: 3237 Bellefontaine

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill KC Ks

18. (a) Signature of funeral director: Parsons Bros
(b) Address: Kansas City Mo.

19. (a) 1-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 6 Midnight
year 1948 hour 12 minute ... M.

21. I hereby certify that I attended the deceased from Dec. 24, 1947 to Jan. 6, 1948; that I last saw him alive on Jan. 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 107	
Major findings: Of operations:	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury:

23. Signature: Wm W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 1-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

D. Andrews

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 Francis Walter

Licensed Embalmer No. 2744

P. O. Address K C 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, fact should be so stated above.