S. No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1251
Registrar's No. 222

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: 915 East 14th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
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. 915 East 14 th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Roxie Nelson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Penion Nelson
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased September - 1890
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 57 | 4 | — | hr. min. |

9. Birthplace Pine Bluff, Arkansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown 7
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)
16. (a) Informant Penion Nelson 1
(b) Address 915 East 14th Street
17. (a) Burial (b) Date thereof 1/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Stathins Bros
(b) Address 1729 Lydia Ave
19. (a) 1-16-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 14th
year 1948 hour 11 minute 20 A M.
21. I hereby certify that I attended the deceased from 12-22-47
..... 19..... to 1-14-48 ..... 19.....;
that I last saw her alive on 1-14-48 ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

Duration

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) no no
(b) Date of occurrence no no
(c) Where did injury occur? no no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no no
(Specify type of place)
While at work? no (e) Means of injury no
23. Signature Henry B. Lyons M.D. or other M.D.
Address 1605 E 18th Date signed 1-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Jerome Monroe

Licensed Embalmer No. 3994

P. O. Address 25230 Highland

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.