No. 2
—1/47
7-39

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. 16611

FILED MAY 18 1948

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 138

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ABOUT 7 HOURS (Specify whether years, months or days)

In this community: 31 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: INDEPENDENCE (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No.: ROUTE 3 FRANDSEN ROAD
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country:

48001

3. (a) PRINT FULL NAME: MRS. EVANELIA NELSON

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NO

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband ~~or wife~~: JALMER NELSON

6. (c) Age of husband ~~or wife if~~ alive: 61 years

7. Birth date of deceased: 11 (Month) 18 (Day) 1894 (Year)

8. AGE: Years 53 | Months 5 | Days 13 | If less than one day: hr. min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOME MAKING

FATHER
12. Name: ROBT. W. PERRY
13. Birthplace: KENT COUNTY ONT., CANADA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELIZABETH BECHTEL
15. Birthplace: HURON COUNTY ONT., CANADA (City, town, or county) (State or foreign country)

16. (a) Informant: JALMER NELSON
(b) Address: RT. 3 FRANDSEN ROAD INDEP. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MOUND GROVE

18. (a) Signature of funeral director: [signature]
(b) Address: 815 W. MAPLE AVE. INDEP. MO.

19. (a) 5-3-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 1, 1948 to May 1, 1948 that I last saw her alive on May 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertension

Due to:

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

Major findings:
Of operations:
Of autopsy:

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)
While at work? (e) Means of injury:

23. Signature: G. L. Saunders M.D. (M. D. or other)
Address: Indep. Mo. Date signed: 5-3-48

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.....

Licensed Embalmer No. 3156

P. O. Address Indep. 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.