

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23168

State File No. 2977

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a: STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>74 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3078			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>331 N. LAWN</u>				d. STREET ADDRESS (If rural, give location) <u>331 N. LAWN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>NELSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12-1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 28, 1876</u>			
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NORTHEAST MARKET</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEO NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>LOTTIE ADLER</u>			
13a. FATHER'S NAME <u>GEO NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>LOTTIE ADLER</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE NELSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>495-10-7477</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GRACE NELSON</u>		ADDRESS <u>N. Lawn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
				ANTECEDENT CAUSES Due to (b) <u>nephritis</u>					
				Due to (c) <u>Chronic arteriosclerosis</u>				1 year 446X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Nov 1, 1950</u> , to <u>July 12, 1951</u> , that I last saw the deceased alive on <u>July 11, 1951</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Chas. S. Nelson, M.D.</u> (Degree or title)				23b. ADDRESS <u>3626 Independence Ave</u>		23c. DATE SIGNED <u>July 12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-13-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN-TSON</u>		ADDRESS <u>K.C. MO.</u>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Bert B. Bennett

Licensed Embalmer No. *4656*

P. O. Address *Huntsville*

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.