

FILED AUG 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 24599

3302

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3302

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) Unknown
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2
d. STREET ADDRESS (If rural, give location) 1417 East 12th Street 3168

3. NAME OF DECEASED a. (First) Georgia b. (Middle) A c. (Last) Nelson
4. DATE OF DEATH (Month) (Day) (Year) 7 18 52

5. SEX 3 Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-9-14 9. AGE (In years last birthday) 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, Arkansas
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Henry Ellis 13b. MOTHER'S MAIDEN NAME Mattie 14. NAME OF HUSBAND OR WIFE Louis Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 486-36-9083
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Louis Nelson, 1417 E. 12th St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Toxic Nephrosis
ANTECEDENT CAUSES DUE TO (b) Toxemia of pregnancy.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Fatty metamorphosis of liver
Conditions contributing to the death but not related to the disease or condition causing death. Delivered full term stillborn

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8-52, 19__, to 7-18-52, 19__, that I last saw the deceased alive on 7-18-52 19__, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis, M.D. (Degree or title) 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-22-52 24c. NAME OF CEMETERY OR CREMATORY Linscoln Cem 24d. LOCATION (City, town, or county) (State) Kansas City, MO

DATE REC'D BY LOCAL REG. 7-22-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Bills 1212 7th St. N.C. MO

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 _____

Licensed Embalmer No. 4629

P. O. Address 1212 Van Ness

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.