

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5015**
509

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

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) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 61 YEARS		STREET ADDRESS (If rural, give location) 2216 EAST 35th STREET 54	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2216 EAST 35th STREET 54			

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) C c. (Last) NELSON		4. DATE OF DEATH (Month) (Day) (Year) JAN 31, 1956	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 1, 1865
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) DENMARK
12. CITIZEN OF WHAT COUNTRY? J. S. A.			

13a. FATHER'S NAME CHRISTEN CHRISTIANSEN	13b. MOTHER'S MAIDEN NAME ANNA Unknown	14. NAME OF HUSBAND OR WIFE MARTIN H. NELSON (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRED NELSON ADDRESS 5107 Wyandotte St.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 4500 25 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c) Pernicious anemia		
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 Sept 1, 1953, to Jan 31, 1956, that I last saw the deceased alive on Jan 31, 1956 and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Kettner (Degree or title) M.D.	23b. ADDRESS Kansas City, Mo	23c. DATE SIGNED 2/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-3-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 2-3-56	REGISTRAR'S SIGNATURE Neva Minshall	

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.....
Signature of Student Embalmer

Signed *Adrian Jay Stitt*.....

Licensed Embalmer No. *#484*.....

P. O. Address *D.C., Md.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.