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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26170

Registration District No. 775 Primary Registration District No. 6020 State File No. _____ Registrar's No. 53

1. PLACE OF DEATH:
(a) County St. Francois Parish
(b) City or town St. Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME JOHN FRANCIS NASH
3. (b) If veteran. name war _____
3. (c) Social Security No. 270

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
One One 24 hr. min.

9. Birthplace St. Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____
12. Name George Francis Nash
13. Birthplace Blackwell Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marie Marie Collette
15. Birthplace Blackwell St. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George F. Nash
(b) Address Rt. 2 Bonne Terre Mo

17. (a) Burial (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwell Mo

18. (a) Signature of funeral director Benjamin Ford Co
(b) Address 212 Bonham St Bonne Terre Mo

19. (a) July 18, 1940 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17th
year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from By Coroner Investigation July 17 1940
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy No

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? Yes
(Specify type of place) _____
While at work _____ (e) Means of injury By Coroner
23. Signature Clarence Daywell (M. D. or other) _____
Address Bonne Terre Mo Date signed 7/17/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *C. J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Basen's Cove 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 this body is not embalmed, above space should be left blank.