S. No. 2
—4-13-40
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FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Busick

State File No. 28554

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 714

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Route # 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorothy Jean Nash 2x1

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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February (Month) 3 (Day) 193 (Year)

8. AGE: Years ✓ 6 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Inf.

11. Industry or business

FATHER
12. Name Ira Nash
13. Birthplace Ava, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucile Bennett
15. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ira Nash
(b) Address Route # 9 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31 194 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) Aug 31, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1940 hour 5 minute 25 a. M.

21. I hereby certify that I attended the deceased from 8-28-40, 19, to 8-30, 1940 that I last saw her alive on 8-29-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ac. Rheumatic fever	1 wk
Due to	
Due to	
Other conditions Pericarditis, myocarditis endocarditis, rheumatism (Include pregnancy within 3 months of death)	1 wk

Major findings:
Of operations pleurisy
Of autopsy

PHYSICIAN
Underline the cause to 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 Urban Busick (M. D. or other)
Address Springfield, Mo. Date signed

(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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X