

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12379**

FILED APR 24 1941

Registration District No. **5897**

Primary Registration District No. **6157**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town CADET
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 Nash

3. (b) If veteran, name war _____

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Sloan Nash

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 7 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 3 hr. _____ min.

9. Birthplace St Francis Co, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Tom Nash

13. Birthplace St Francis Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Wagner

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

16. (a) Informant's own signature Lucy Sloan

(b) Address CADET MO

17. (a) Burial (b) Date thereof 3 8 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ON HIS FARM

18. (a) Signature of funeral director Friends - Gus Gargus

(b) Address CADET MO

19. (a) April 1-41 (b) G.F. Creasman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington
 (c) City or town CADET
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
 year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from C. Coroner
 _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Coronary Occlusion
 Duration 6 hours

Due to _____
 Due to 44 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H.M. Davidson (M. D.)
 Address Belgrade, MO Date signed 3/8/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.