

FILED OCT 10 1941

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether)
In this community **65 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **6037 Gordon Ave.** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nellie Hazel Nagel

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **John A.**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 14 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **12**
If less than one day .hr. .min.

9. Birthplace **Lynn County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **Home**

12. Name **William Johnson**

Unknown

Kentucky

13. Birthplace **Minnie Myers**
(City, town, or county)

(State or foreign country)

14. Maiden name **Unknown**

Kentucky

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

16. (a) Informant **John A. Nagel (Husband)**

(b) Address **6037 Gordon St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **9/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparta Cemetery**

18. (a) Signature of funeral director **John E. Cripp**

(b) Address **6054 Prof. Ave. St. Joseph, Mo.**

19. (a) **9-29-1941** (b) **A. Hestebush**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26** year **1941** hour **7** minute **40 P.**

21. I hereby certify that I attended the deceased from **Sept 26 1941** to **Sept 26 1941** that I last saw **her** alive on **Sept 26 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Met. Carcinoma of liver**
Due to **Carcinoma of asc. Colon.**

Due to _____
Other conditions: **Hb**
(Include pregnancy within 3 months of death)

Major findings of operation: **Carcinoma asc. Colon with adv. Met. Car. of liver.**
Of autopsy _____

Duration

?

?

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 **Dr. F. V. Hartman** (M. D. or other)
Address **Patrick Blugie** Date signed **Sept 29**

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

26390

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Ruff

Licensed Embalmer No. 3986

6054 Pryor Ave.,

P. O. Address...St. Joseph, Missouri

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

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