

Registration District No. 43

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital 6
(If not in hospital or institution, write street number or location)

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

In this community Lifetime
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1023 Main St.
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Arthur Emery Nash

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1945 hour 2 minute 45 P. M.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Julia Ann

6. (b) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/12 to 7/3 1945

that I last saw him alive on 7/3 1945

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Pulmonary Embolism 7/3/45

Due to fracture left femur 6/12/45

Due to _____

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

10. Usual occupation Retired County Treasurer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name John M. Nash

13. Birthplace Canton Mass.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Elizabeth Carter

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

Major findings: Of operations _____

Of autopsy Jane 10/18

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant R. A. Nash

(b) Address 1023 Dewey Ave.

17. (a) Burial (b) Date thereof July, 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 13/1

(b) Date of occurrence 6/12/45

(c) Where did injury occur? Joseph Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Arthur M. Henderson

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) July, 5, 1945 (b) Julian J. Hales
(Date received local registrar) (Registrar's signature)

(e) Means of injury Fall of floor

23. Signature Frank H. Hargis (M. D. or other) _____

Address 620 Horner Date signed 7/16/45

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

1377

AUG 7 1945

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

Herman L. Sidenfaden

Licensed Embalmer No. *2728*

P. O. Address

St. Joseph Mo.

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

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