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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37113**  
Registrar's No. **5001**

**FILED DEC 9 1946**  
Registration District No. **197**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence Nash**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **495-05-4473**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Marjorie A. Nash**  
6. (c) Age of husband or wife if alive **25** years  
7. Birth date of deceased **September 12 1902**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**44 2 14** hr. min.

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

10. Usual occupation **Mechanic**  
**Sears & Roebuck Co.**

11. Industry or business **Sears & Roebuck Co.**

MOTHER FATHER

12. Name **Orr Nash**  
13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maude Powell**  
15. Birthplace **Unknown Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marjorie A. Nash**

(b) Address **2008 Monroe**

17. (a) **Burial** (b) Date thereof **11-29-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Nellody Mc Gilley Eyler**

(b) Address **1800 Esat Linwood Blvd. K.C. MO.**

19. (a) **11-28-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2008 Monroe**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**  
year **1946** hour **9** minute **50 P.M.**

21. I hereby certify that I attended the deceased from  
**Nov. 22 1946** to **Nov. 26 1946**;  
that I last saw him alive on **Nov. 26 1946**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bacterial endocarditis**

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy **None**

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 **W. W. Hart** (M. D. or other) **MD**  
Address **Med. Dir. Gen'l Hosp.** Date signed **11-26-46**

**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.....

*Dean Cole*

Registered Apprentice No. *408*

working under my personal supervision.

Signed.....

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K. C. Mo*

**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, fact should be so stated above.**