

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948
Dr. Bohrer 77
Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8241
Registrar's No. 70

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County... Cole
(b) City or town... Jefferson City
(c) Name of hospital or institution:
1210 Moreau Drive /
(d) Length of stay: In hospital or institution... 34 years
In this community... 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Cole
(c) City or town... Jefferson City
(d) Street No... 1210 Moreau Drive
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME... Heber Nations
3. (b) If veteran, name war... No.
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... Alma Nations
6. (c) Age of husband or wife if alive... 65 years
7. Birth date of deceased... Sept-8-1888

8. AGE: Years 59, Months 6, Days 3

9. Birthplace... St. Genevieve County, Mo.

10. Usual occupation... News-paper man

11. Industry or business

12. Name... Gilbert O. Nations
13. Birthplace... Missouri
14. Maiden name... Sarah McFarland
15. Birthplace... Missouri

16. (a) Informant... Mrs. Alma Nations
(b) Address... Jefferson City, Missouri

17. (a) Burial
(b) Date thereof... Mar-13-1948
(c) Place: burial or cremation... River View Cemetery

18. (a) Signature of funeral director... [Signature]

(b) Address... Jefferson City, Missouri

19. (a) 3-12-48
(b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March, day... 11, year... 1948, hour... 6, minute... 40 A.M.

21. I hereby certify that I attended the deceased from 3-3-48 to 3-11-48

that I last saw him alive on 3-11-48 and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Thrombosis

Due to... Arteriosclerotic Heart Disease 5 yrs

Due to

Other conditions... [Signature]

Major findings: Of operations

Of autopsy

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?

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

23. Signature... Edward B. Bohrer (M. D. or other) M.D.
Address... Jefferson City, Mo. Date signed... 3-12-48

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

MOTHER FATHER

Date Filed MAR 18 1949
District File Number
District Health Officer No. 9,

RECEIVED
MAR 19 1949
MAR 9 1949

MAY 2 1949

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.....

G. N. Hansen, Registered Apprentice No. 42
working under my personal supervision.

Signed Mer Howard

Licensed Embalmer No. 4211

P. O. Address Jefferson City 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.