REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17785
Do not use this space.

1. PLACE OF DEATH
(a) County: BUCHANAN
(b) Township: WASHINGTON
(c) City: ST. JOSEPH
Registration District No.: 85
Primary Registration District No.: 1001
Registered No.: 561
(d) Street No.: MISSOURI-METHODIST HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: EUGENIA ALLENE NAHM 50-D
(a) Residence, No.: AUGUSTA, MISSOURI St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBRUARY 17, 1905
7. AGE: Years 33 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: EMPLOYEE-INSTRUCTOR
9. Industry or business in which work was done, as saw mill, bank, etc.: GEORGE BLOSSER HOME FOR CRIPPLES CHILDREN
10. Date deceased last worked at this occupation (month and year): MAY, 1938
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AUGUSTA MISSOURI 0

FATHER
13. NAME: A.C. NAHM 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HAMBURG, MISSOURI 0

MOTHER
15. MAIDEN NAME: KATHERINE HEFFERN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WORTHINGTON, MISSOURI

17. INFORMANT (ADDRESS): HELEN NAHM COLUMBIA, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: AUGUSTA, MO. DATE: MAY 26, 1938
19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED: 5/25, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 25, 1938
22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED ~~deceased~~ from ..., 19..., to ..., 19...
I last saw h... alive on MAY 25, 1938, 19... Death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
INJURIES RECEIVED WHEN THE CAR SHE WAS DRIVING COLLIDED WITH ANOTHER AUTOMOBILE ON HIGHWAY #71	

Other contributory causes of importance: NONE 216

Name of operation: NONE Date of:
What test confirmed diagnosis? HISTORY Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of Injury 5/24, 1938
Where did injury occur? BUCHANAN COUNTY, MO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE
Manner of injury: AUTOMOBILE ACCIDENT
Nature of injury: BROKEN NECK

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) R.W. Tadlock — CORONER, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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