

REC'D APR 6 1939

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

10374

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Cahoon Registration District No. 130  
(b) Township Liberty Primary Registration District No. 5781 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- Eli Jefferson Nations  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Cora Nations

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 - 1952  
7. AGE YEARS 84 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm.  
10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

- FATHER 13. NAME Malachi Nations 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

- MOTHER 15. MAIDEN NAME Susan Cobb 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Willard Nations Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boys' Club DATE Mar 26 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cracraft and Mellor Jackson Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11 1930 to Mar. 24 1939  
last seen to be alive on Mar. 22 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis of  
Apoplexia. Third Stroke  
Cardiac Dilatation  
Paralysis. Cardiac Drift.  
Other contributory causes of importance:  
Old Age - 87 1/2

- Name of operation no operation Date of \_\_\_\_\_  
What test confirmed diagnosis Phys. Diag. Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. M. Driscoll, M. D.  
J. M. Driscoll (Address) Capitol Mo.

STATEMENT BY LICENSED EMBALMER  
CONCERNING THE EMBALMING OF A BODY  
BY THE LICENSED EMBALMER

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

10374

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 130  
(b) Township Liberty Primary Registration District No. 2181  
(c) City ..... (d) Street No. .... 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Eli Jefferson Nations St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Cora C Nations

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 5 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) May 1939  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Missouri

13. NAME Malachi Nations

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Burman Cobb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Willard Nations Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Boris Chapel DATE Mar 26 1939

19. FUNERAL DIRECTOR (ADDRESS) Cra Crafted miller Jackson Mo

20. FILED May 1 1939 Mrs Wm Stimples Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11 1938 to Mar 24 1939

I last saw him alive on Mar 22 1939. Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis  
apoplexia third  
stroke  
Cardiac Dilatation  
Other contributory causes of importance:  
Paralysis Cardio Drapay

Name of operation no operation Date of .....

What test confirmed diagnosis physical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Specify whether injury occurred in industry, in home, or in public place. Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. M. Finney, M. D.  
(Address) Lafayette Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important. Do not leave blank. Do not write "none" or "unknown" unless certain. Do not write "farmer" unless actually engaged in farming. Do not write "laborer" unless actually engaged in manual labor. Do not write "housewife" unless actually engaged in household duties. Do not write "retired" unless actually retired from a profession, trade, or business. Do not write "invalid" unless actually confined to bed or home by illness or disability. Do not write "chronic" unless actually of long standing. Do not write "acute" unless actually of recent onset. Do not write "terminal" unless actually of short duration. Do not write "intermittent" unless actually recurring. Do not write "continuous" unless actually constant. Do not write "intermittent" unless actually recurring. Do not write "continuous" unless actually constant. Do not write "intermittent" unless actually recurring. Do not write "continuous" unless actually constant.

