REC'D SEP 6 1939

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

28317
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3319
(c) City KANSAS CITY (d) Street No. 3311 INDIANA AVENUE 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. PAUL BRYAN NASH
(a) Residence, No. 3311 INDIANA AVE. 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. NELLIE NASH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 27-1901
7. AGE: YEARS 37 MONTHS 11 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME JAMES B. NASH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAID COUNTY MISSOURI

MOTHER
15. MAIDEN NAME MARTHA BRYAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATH COUNTY KENTUCKY

17. INFORMANT (ADDRESS) MRS. NELLIE NASH 3311 INDIANA AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE AUGUST 23, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD.
20. FILED 8-22, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... , 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Acute pulmonary congestion
Hypertrophy & dilatation of the heart

Date of onset

Other contributory causes of importance: 95 B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) K.C. Mo.

(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.

X14028

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 E. M. Calhoun

Licensed Embalmer No. 3506

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, above space should be left blank.