

Registration District No. **1933 3**

Primary Registration District No. **4464**

Registrar's No. **134**

1. PLACE OF DEATH: **2**
 (a) County **St. Francis Co.**
 (b) City or town **Farmington**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **#510 North A St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Ten years**
 (Specify whether years, months or days)

8. (a) PRINTED FULL NAME **Georgia Washington Nash.**
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex **Male.** 6. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb. 22nd. 1884**
 (Month) (Day) (Year)

8. AGE: **55** Years **5** Months **25** Days
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Rail Road Employee**

11. Industry or business **;**

MOTHER FATHER
 12. Name **George Nash.** **1**
 13. Birthplace **Not Known** **1**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Not Known**
 15. Birthplace **Not Known**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Therman B. O'Neil**
 (b) Address **510 North A St.**

17. (a) **Burial** (b) Date thereof **Aug. 19, 39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Poplar Bluff Mo.**

18. (a) Signature of funeral director **Frank Lind Co**
 (b) Address **Poplar Bluff Mo**

19. (a) **Aug. 18-39** (b) **T. J. Robinson**
 (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St Francis**
 (c) City or town **Farmington**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **510 N. A Str.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **17**
 year **1939** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **Jan 1937**
 _____, 19 _____, to **Aug 17**, 19 **39**
 that I last saw him alive on **Aug 17**, 19 **39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tubercular Enteritis 2 yrs.**
 Duration _____
 Due to _____
 Due to _____

Other conditions **Central of Missouri 1936**
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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 **E. O. W. Watson** (M. D. or other)
 Address **Farmington Mo** Date signed **8/18/39**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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 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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington Me

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

If this body is not embalmed, above space should be left blank.