

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

35541
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan, Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 1060
 (c) City St. Joseph, (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 yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Nash,
 (a) Residence, No. _____ St. Bedford, Iowa,
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1867</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>12</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylor County Iowa</u>				
FATHER	13. NAME <u>Oliver S. Nash</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
MOTHER	15. MAIDEN NAME <u>Aldrich</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Mrs. Douglas Mahler</u> (ADDRESS) <u>Bedford, Ia</u>				
18. BURIAL—CREMATION, OR REMOVAL PLACE <u>Bedford, Iowa</u> DATE <u>Oct. 16th, 39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Heaton, Belmont, Bowers and</u> (ADDRESS) <u>319 So. 10th, St. Joseph, Mo.</u>				
20. FILED <u>Oct 16, 1939</u> <u>Arthur Nash</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 16th, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15, 1939,</u> to <u>Oct 16, 1939</u> I last saw him alive on <u>Oct 16, 1939.</u> Death is said to have occurred on the date stated above, at <u>12:00 p.m. noon</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>Coronary Occlusion</u> Date of onset <u>Post Mortem</u> <u>Sudden</u>	
Other contributory causes of importance: <u>Pallegera</u> <u>unknown</u>	
Name of operation <u>None</u>	Date of _____
What test confirmed diagnosis? <u>Exam. X-ray</u> Was there an autopsy? <u>No.</u>	
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? <u>No.</u> If so, specify _____ (Signed) <u>E. M. Shores</u> _____, M. D. (Address) <u>317 1/2 Kirkpatrick Bldg. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1939

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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 Oct 16, 1937

....., Registered Apprentice No. _____
working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 719 So 10th St Joseph, 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.