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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17960

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 617

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 69 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph. (If outside city or town limits write "RURAL")

(d) Street No. 1119½ Frederick Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Harvey Carter Nash 201

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth S.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased February (Month) 11 (Day) 1854 (Year)

8. AGE: Years 86 Months 3 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business

FATHER
12. Name John M. Nash
13. Birthplace Unknown (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jane Carter
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant A. E. Nash

(b) Address 1023 Main St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Herman Wm. Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) June 4, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1940 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 25, 1940 to June 2, 1940 that I last saw him alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 wks

Due to Auricular Fibrillation Arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

95 W

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? (Specify type of place)

85 While at work? (e) Means of injury

23. Signature Wm Redmond (M. D. or other)

Address 620 Francis St Joseph Date signed 6-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address 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.