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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24169

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2708

048
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8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1638 Summitt (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 10 yrs. 1

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Mo. (b) County Jackson

(c) City or town 1638 Summitt (If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Mo (If rural, give location)

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

3. (a) PRINT FULL NAME NASH — HENRY D.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race W.

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

6. (b) Name of husband or wife Lois

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 9 (Month) 23 (Day) 1866 (Year)

8. AGE: Years 74 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Waterville (City, town, or county) Kan (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James H Nash
13. Birthplace Stark Co (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Emma Bole
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Lois Nash

(b) Address 1638 Summit

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Rapids - Ks

18. (a) Signature of funeral director Sulduth

(b) Address K C Mo

19. (a) July 19, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 7-15-41

year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 6 30 A. ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due Carcinoma of the stomach 5

Due Metastasis to the liver

Other conditions (Include pregnancy within 3 months of death) 46 B

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature [signature] (M. D. or other) 3

Address K. C. Mo. Date signed .....

(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.....

Licensed Embalmer No. 2806

P. O. Address 6900 Troost K.C.

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.