

S. No. 2  
1-1-441  
7-5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37456

State File No. \_\_\_\_\_

DEC 22 1941 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4251

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

1. PLACE OF DEATH:  
(a) County Jackson City  
(b) City or town Jackson City  
(c) Name of hospital or institution: St Lukes Hospital  
(d) Length of stay: In hospital or institution 11 days  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:  
(a) State Michigan (b) County Jackson  
(c) City or town Jackson  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ferrald Nastally  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 15  
year 1941 hour 2 minute 40 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

Immediate cause of death Acute Vegetative Metabol  
under date

7. Birth date of deceased: June 4 1925  
(Month) (Day) (Year)

Duration \_\_\_\_\_

8. AGE: Years 16 Months 5 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 91a

9. Birthplace Detroit Mich  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation School Boy

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy Autopsy

12. Name Joseph Nastally  
13. Birthplace Bermyk  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

14. Maiden name Victoria Best  
15. Birthplace Jackson Mich  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Nastally  
(b) Address Jackson Mich

17. (a) Removal (b) Date thereof 11-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Mich

18. (a) Signature of funeral director Benjamin Crowe  
(b) Address No 11-15-41

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? \_\_\_\_\_

19. (a) 11-15-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature Adeth (M. D. or other) \_\_\_\_\_  
Address X Am Date signed 11/15/41

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry Bergman

Licensed Embalmer No. 2041

P. O. Address Kan City 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, fact should be so stated above.**