

FILED DEC 10 1941

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location) 4 days
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Route # 1, Faucett 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1941 hour 4: minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 27th
1941 to Nov. 30 1941
that I last saw him alive on Nov. 30th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
3 days

Due to Traumatic Head
injuries
Due to Accident

Other conditions _____
(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) Accident
(b) Date of occurrence November 27th, 1941
(c) Where did injury occur? Faucett, Buchanan, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm 011

While at work? Yes (Specify type of place)
(e) Means of injury Apparently
knocked by a mule

23. Signature Bliss James M. Riley (M. D. or other) DR
Address 6207 Plung Hill Date signed 12-24

3. (a) PRINT FULL NAME William Eli Nation

3. (b) If veteran, name war No 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 Ada Nation 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 7 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm laborer
Farm

11. Industry or business _____

12. Name George R. Nation

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

14. Maiden name Martha Adams
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Annie Ballard (Sister)

(b) Address Route # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave.

19. (a) Dec 7, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

STATEMENT BY LICENSED EMBALMER

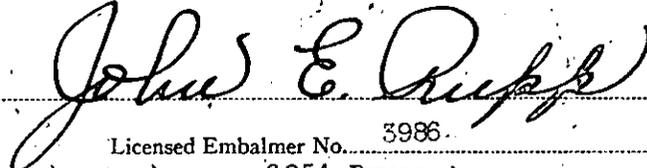
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3986

6054 Pryor Ave.,

P. O. Address St. Joseph, Missouri

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.