

FILED MAR 20 1942
Registration District No. 118

Primary Registration District No. 5820

Registrar's No.

1. PLACE OF DEATH:

(a) County NODAWAY
(b) City or town ROUTE #2, NODAWAY TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ROUTE #2, BURLINGTON JUNCT, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 YRS
(Specify whether in this community 1 1/2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NODAWAY
(c) City or town RT #2
(If outside city or town limits, write "RURAL")
(d) Street Name BURLINGTON JUNCTION,
(If rural, give location)
(e) Citizen of foreign country? NO MISSOURI (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN EDWARD NATION

3. (b) If veteran, name war NO 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased DEC 25 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 0 hr. min.

9. Birthplace BUCHANAN CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation BRAKE MAN

11. Industry or business BURLINGTON R.R.

12. Name GEORGE NATION

13. Birthplace BUCHANAN CO, MO
(City, town, or county) (State or foreign country)

14. Maiden name MARTINA ADAMS

15. Birthplace BUCHANAN CO, MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. RAYMOND SCHEEL

(b) Address RT. #2 BURLINGTON JUNCT, MO

17. (a) REMOVAL (b) Date thereof 2/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORA CEMETERY

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

(b) Address 6054 PRYOR AVE

(c) ST. JOSEPH, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 1942 to 2/23/42
that I last saw him alive on 2/23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis 3 hrs.
Chronic Myocarditis
Chronic Endocarditis
Chronic Cholecystitis
Chronic Nephritis

Other conditions. (Include pregnancy within 3 months of death) None

Major findings: Of operations 1/26

Of autopsy

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? (b) Means of injury

23. Signature R. J. Gieff (M: D. or other) MD

Address Burlington, Mo Date signed 2/25/42

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *6054 Bayou Ave.*

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, fact should be so stated above.