

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1000

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: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution day (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BUCHANAN  
(c) City or town St. Rural (If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME NETTIE MAUDE NASH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1942 hour 7:0 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 11:30 AM August 21, 1942 to August 21, 1942 at 7:15 PM  
that I last saw her alive on Aug. 21, 1942 at 7:14 P.M. and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color pr. WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife GEORGE NASH 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased JUNE 8 1882  
(Month) (Day) (Year)

Immediate cause of death Cardiac Paralysis Duration —

8. AGE: Years 60 Months 1 Days 13 If less than one day hr. min.

9. Birthplace BUCHANAN Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business —

MOTHER FATHER

12. Name JOSEPH C. THOMAS  
13. Birthplace BUCHANAN Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name JULIA DEETS  
15. Birthplace BUCHANAN Co. Mo.  
(City, town, or county) (State or foreign country)

Due to Mediastinitis + Pericardial abscess  
Due to Pericardial abscess  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. M. Estes

(b) Address Agency No. R.R.

17. (a) burial (b) Date thereof 8 23 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director Rollins Mortuary

(b) Address Edgerton, Mo.

19. (a) 8-23-42 (b) Rae Hengog  
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury —  
23. Signature J. W. Ledbetter (M. D. or other) M.D.  
Address Mo. Meth. Hospital Date signed 8-21-42

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

11  
1  
2

**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 *Vivian R. Nash*.....

Licensed Embalmer No. *3947*.....

P. O. Address *Edgerton 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.**