V. S. No. 2
10M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40513

State File No.

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Gashland Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gashland Mo. R.R. #1 (Gallatin Twp) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Gashland 0 (If outside city or town limits, write "RURAL")
(d) Street No. 11 11 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JESSE JAMES NASH

3. (b) If veteran, name war

3. (c) Social Security No. 495-05-2528

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Isabella Nash
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 13 (Day) 1895 (Year)

8. AGE: Years 47 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Platte City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Lineman
11. Industry or business Kansas City Power & Light Co.

FATHER
12. Name William Riley Nash
13. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Ann Price Warford
15. Birthplace Randolph County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Joe Nash
(b) Address Platte City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/42 (Month) (Day) (Year)
(c) Place burial or cremation Barry Missouri
18. (a) Signature of funeral director John S. Morton Funeral Home
(b) Address North Kansas City Mo.
19. (a) Dec 16-1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 - 42 year hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from ..., 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 Suicide, Monoxide Gas Poising

Due to Coroner 163 M

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Coroner
Of autopsy

Duration

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) Suicide Monoxide Gas Poising
(b) Date of occurrence Dec. 15th 1942-6:00 P.M.
(c) Where did injury occur? Gashland (City or town) Clay (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Garage at home (Specify type of place)
While at work? (e) Means of injury 15
23. Signature R. W. Prather Coroner (M. D. or other)
Address Excelsior Springs Mo. Date signed 12-16-42

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-43

JAN 12 1943

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 Cleon E. Hodges

Licensed Embalmer No. 2729

P. O. Address North Kansas City

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.