

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Jane Ship
(c) Name of hospital or institution: State Hospital No 32 Nevada
(d) Length of stay: In hospital or institution 5 mo 9 4 days

In this community
years, months or days

3. (a) PRINT FULL NAME NAT TALmine GRAY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 30 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 2 hr. min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Textile Worker

11. Industry or business

MOTHER { 12. Name Unknown
13. Birthplace Unknown 9
14. Maiden name Unknown
15. Birthplace Unknown 9

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 2-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Allen V. Haupt

(b) Address Nevada Mo

19. (a) 2-8-43 (b) Doyle B. Bewick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 108
(c) City or town Little Blue
(d) Street No. Unknown
(e) Citizen of foreign country? Yes?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th
year 1943 6-hour 20 minute P. M.

21. I hereby certify that I attended the deceased from Sept
1st 1942, to Feb 6th 1943
that I last saw him alive on Feb 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to Atherosclerosis

Due to
Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations
Of autopsy Coronary Occlusion, Myocardial infarct with rupture. Some pericardial tuberculosis.

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)
(b) Date of occurrence
(c) Where did injury occur?
(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 G. S. Warwick (M. D. or other)
Address Nevada, Mo Date signed 2/6/43

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

RECEIVED

District Health Officer No. 7,

District File Number 2-43-34

Date Filed 3-5-43

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 ^{NOT}.....
....., Registered Apprentice No.
working under my personal supervision.

Signed H. H. Marmaduke.....

Licensed Embalmer No. 2070.....

P. O. Address Perwade, 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.