V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17073

FILED MAY 25 1943

Registration District No. 449

Primary Registration District No. 1602

Registrar's No. 2233

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
821 Oak Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Touraine Apts, 1412 Central
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Carl W. Nast

3. (b) If veteran, name war World War

3. (c) Social Security No. 486-26-2075

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 February (Month) 1 (Day) 1891 (Year)

8. AGE: Years 52 Months 3 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Commercial Artist

11. Industry or business .....

FATHER
12. Name Frank Nast
13. Birthplace Oakland (City, town, or county) California (State or foreign country)

MOTHER
14. Maiden name Emily Matilda Melchard
15. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Ida Mae Nast
(b) Address 1412 Central

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 5-14-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13 year 43 hour 9:45 A minute ..... M.

21. I hereby certify that I attended the deceased from Ann, 19..., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Chronic myocardial fibrosis
Due to Acute pulmonary edema

Due to 932

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy See above

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) .....

(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? ..... (e) Means of injury .....

23. Signature [signature] 3 5/13/43 (M. D. or other)

Address [signature] Date signed 3

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(Licensed Embalmer's Statement on Reverse Side)

MAY 27 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 F. S. Walker

Licensed Embalmer No. 2744

P. O. Address K. C. 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.