

FILED JUL 15 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3018

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME William Nash

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Diadema Wisdom 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Sept 15 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 8 5 hr. min.

9. Birthplace Reynolds Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Sam Nash  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Rena Gant  
15. Birthplace Reynolds Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Thompson  
(b) Address Turtle Mo

17. (a) burial (b) Date thereof May 22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeley Cem

18. (a) Signature of funeral director Carl H. Spiner  
(b) Address Salem Mo

19. (a) 5-21-43 (b) J. D. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1943 hour 6 minute 5 A. M.

21. I hereby certify that I attended the deceased from May 10 1943, to May 30 1943  
that I last saw him alive on May 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pleurisy  
Due to Chronic Pleurisy  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature J. D. ... (M. D. or other) \_\_\_\_\_  
Address Salem Mo Date signed 5-24-43

Duration 4 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 743448

Date Filed 7-13-43

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Carl W. Spuman

Licensed Embalmer No. 2970

P. O. Address Salisbury, Md.

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.