

FILED AUG 7 1943

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

Primary Registration District No. **5399**

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

1. PLACE OF DEATH:

(a) County **De Witt**

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **all his life** (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME **Jesse Nash**

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

4. Sex **male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **mar-**

6. (b) Name of husband or wife **Lena Carney** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
**Sept 21 - 50** (Day) (Year)

7. Birth date of deceased

8. AGE: Years **85** Months **9** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **De Witt Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Samuel Nash**

13. Birthplace **De Witt Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rene Carney**

15. Birthplace **De Witt Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Nash**

(b) Address **Montgomery Mo**

17. (a) **burial** (b) Date thereof **7/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bay View**

18. (a) Signature of funeral director **Carl ...**

(b) Address **Allen St**

19. (a) **7-7-43** (b) **J. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **De Witt** **33**

(c) City or town **Montgomery** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1943** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 26** 19**43** to **July 5** 19**43**  
that I last saw him alive on **June 26** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pallogra**

Due to \_\_\_\_\_

Due to \_\_\_\_\_ **19**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. E. ...** (M. D. or other) **MD**

Address **Salem Missouri** Date signed **7-7-43**

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RECEIVED

District Health Officer No. 5,

District File Number 843464

Date Filed 8-5-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**