

No. 2
2-43
5-17-39
X 35297

FILED FEB 9 1944

Registration District No. 2.70

Primary Registration District No. 3053

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Phelps Co

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

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

(d) Length of stay: In hospital or institution 24 hrs
(Specify whether years, months or days)

In this community 24 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

(d) Street No. X
(If rural, give location)

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

3. (a) PRINT FULL NAME Edna Marie Nash

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race W

6. (a) Single, widowed, divorced, single

6. (b) Name of husband or wife X

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

7. Birth date of deceased Mar 17 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 10 8 hr. min.

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

10. Usual occupation school girl

11. Industry or business XX

MOTHER FATHER { 12. Name Emmitt Nash

{ 13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Mowery

{ 15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emmitt Nash

(b) Address Max Mo

17. (a) Bay Cem (b) Date thereof 1/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Cem

18. (a) Signature of funeral director [Signature]

(b) Address 1-27-1944 [Address]

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12:30 AM
Jan 24 1944 to 3:30 AM Jan 25 1944
that I last saw her alive on Jan 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis from Pus in the left tube and ovary Duration

Due to Operation - Vasectomy

Due to

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) (Specify means of injury)

23. Signature [Signature] (M. D. or other)

[Signature]

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

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 D. Jensen

Licensed Embalmer No.....

2370

P. O. Address.....

Salmon

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.

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 7

1. PLACE OF DEATH:

(a) County P. Phelps
 (b) City or town Rolla
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Edna Marie Nash

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased May 17 1921
(Month) (Day) (Year)

8. AGE: Years 14 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 Jan day 25 year 1944 hour _____ minute _____ 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 General peritonitis Duration _____

NOT DUE TO GONORRHEAL CONDITION.

Due to _____

Due to _____

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

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Wm. McFarland _____
(Date or other)

Address _____ Date signed _____

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

SUPPLEMENTAL

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PHYSICIAN

Underline the cause to which death should be charged statistically.

3935