S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27405

State File No.

FILED SEP 12 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 653

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 2066 Howard
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29

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

(d) Street No. 2066 Howard
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANGIE NASH

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David J. Nash

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 25, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Zoe Harvey
13. Birthplace Unk. Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Epperson
15. Birthplace Unk. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant David J. Nash
(b) Address 2066 Howard, SPFD, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-45
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield, Missouri

19. (a) 8-21-45 (Date received local registrar) (b) W G Handley (Registrar's signature)

984

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1945 hour minute 1:30 A. M.

21. I hereby certify that I attended the deceased from June 20, 1945 to Aug. 19, 1945
that I last saw her alive on Aug. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery occlusion — Duration 1 day

Due to Chr Hypertensive Cardio-vasc Renal dis — 1 yr?

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur D Knapp M. D. or other M.D.
Address 450 1/2 E Comil St SPFD, MO. Date signed 8-20-45

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A Learin

Licensed Embalmer No. 1763

P. O. Address Springfield Me

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.