

FILED APR 9 1946

Registration District No. **144**

Primary Registration District No. **5562**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Middle Brook**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 **Giley Anna Nash**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

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

7. Birth date of deceased **July 4th 1885**
(Month) (Day) (Year)

8. AGE: Years **90** Months **8** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Richland County Ill!**
(City, town, or county) (State or foreign country)

10. Usual occupation **care of home**

11. Industry or business **none**

12. Name **Richard Pierce**

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

14. Maiden name **Betty Patterson**

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

16. (a) Informant **Mrs. Marcella Snow**

(b) Address **Middle Brook, Mo.**

17. (a) **Burial** (b) Date thereof **3-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Iron Mountain Mo.**

18. (a) Signature of funeral director **C. J. Boyer**

(b) Address **Desloge Mo.**

19. (a) **3-14-46** (b) **Mrs. Ann Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Iron**
(c) City or town **Middle Brook**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1946** hour **11** minute **55** A. M.

21. I hereby certify that I attended the deceased from **1-15** to **3-13** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Due to **sensibility**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **g. 20**
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) (e) Means of injury _____

23. Signature **Dr. W. H. ...** (M. D. or other) **MA**
Address **Desloge Mo.** Date signed **3/14/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 446-1917
Date Filed 4-8-46

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 *J. J. Dwyer*
Licensed Embalmer No. 3660
P. O. Address *Desloge, 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.