

FILED MAY 6 1948
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1928

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2521 Cypress
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 43 years
years, months or days

3. (a) PRINT FULL NAME Lester V. NASH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased August 3 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>8</u>	<u>22</u>hr.min.

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

10. Usual occupation Part owner

11. Industry or business Nash Bros. Fender Works

MOYER FATHER

12. Name John Nash

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

14. Maiden name Unknown

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

16. (a) Informant F. A. Nash

(b) Address 2521 Cypress, K. C., Mo.

17. (a) Burial (b) Date thereof 4-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 E. Linwood Blvd.

19. (a) 4-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson HC

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2521 Cypress
(If rural, give location) 8

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from

that I last saw him alive or
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner
Acute Coronary Insufficiency
Coronary Sclerosis

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 94a

Of operations

Of autopsy See Above

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. E. Useker (M. D. or other) MD
Address 2800 Truman Date 4/25/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12000

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

Russell H. France

Licensed Embalmer No.

4255

P. O. Address

H. C. 2nd

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.