V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13399

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1858

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-7-47 - 4-21-47 (Specify whether
In this community about 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 506 N. Main St 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charline B. Nash

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

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luther E. Nash
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) - 16 (Day) - 1899 (Year)

8. AGE: Years 47 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Operated restaurant
11. Industry or business
FATHER
12. Name Henry Johnson
13. Birthplace Warrensburg (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Anna Banks
15. Birthplace Warrensburg (City, town, or county) Mo (State or foreign country)
16. (a) Informant Luther E. Nash
(b) Address 506 N. Main, Excelsior Springs, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo
18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 Vine St, Kansas City, Mo
19. (a) 4-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 72
year 47 hour minute M.
21. I hereby certify that I attended the deceased from Apr. 7, 1947, to Apr. 21, 1947
that I last saw her alive on Apr. 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Coma and Nephritis

Due to Post Operative obstruction

Due to from Previous Operation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adhesions
Of autopsy 122 b

Duration

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 G. W. Brown (M. D. or other)
Address 1705 E. 12 St Date signed Apr 24 47

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1951

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 E. Sterling Bills

Licensed Embalmer No. B178

P. O. Address 1212 Vine St., Kansas City 6, M

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.