

FILED AUG 19 1947

State File No.

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Termon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home 811 West Arch St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community Not long years, month or days)

3. (a) PRINT FULL NAME

Joseph M. Rash  
3. (b) If veteran, name war None 3. (c) Social Security No. None

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

(b) Name of husband or wife Nannette Eleanor Rash (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Mar 11 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Farming (Retired)

11. Industry or business

MOTHER FATHER  
12. Name William Rash  
13. Birthplace Key  
14. Maiden name De Buffant Fargo  
15. Birthplace Key

16. (a) Informant Zomer Pettibon

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date there Aug 13 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director Allen & Sons

(b) Address Nevada Mo.

19. (a) 8-15-47 (Date received local registrar) (b) W. Athyn Jarey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Termon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 W. Arch  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 1 1947 to Aug 11 1947  
that I last saw him alive on Aug 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion instanterly

Due to

Due to Cerebral Hemorrhage  
10 months ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g47

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:

(c) 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 J. D. Newlon M.D. (M. D. or other)  
Address Nevada, Mo. Date signed 8/16/47

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

RECEIVED  
District Health Officer No. 7,  
District File Number 7-47-925  
Date Filed 8-18-47

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 Allen J. Kay  
Licensed Embalmer No. 968  
P. O. Address Nevada, 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.