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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35707

State File No.

FILED DEC 13 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1305

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Min. (Specify whether
In this community 63 Yrs. 8 Mo. 28 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2006 Dewey Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Milton Nash Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. 487-07-9879

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl M.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 4 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	63	8	28	hr. min.

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

10. Usual occupation Yard Master

11. Industry or business St. Joseph Stock Yards Co.

FATHER
12. Name A.E. Jim Nash
13. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann Carey
15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl M. Nash
(b) Address 2006 Dewey Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 12-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1948 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1948, to Dec 2, 1948 that I last saw him alive on Dec 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 J. H. Shearottino (M. D. ~~other~~) md
Address Doctors Bldg. St Joseph, Mo. Date signed 12-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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~~ .....
Max W. Pickering ....., Registered Apprentice No. 278 .....
working under my personal supervision.

Signed, Elmer Thomas .....

Licensed Embalmer No. 2640 .....

P. O. Address, St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.