

FILED JAN 6 1949
Registration District No. 282

Primary Registration District No. 5976

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

1. PLACE OF DEATH:

(a) County Jack

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

(c) Name of hospital or institution None
(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 Legitim
years, months or days)

3. (a) PRINT FULL NAME Nancy Louisa Nash.

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Horace M. Nash

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 30 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 20 If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business Home

12. Name Isaac F. McCulley

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

14. Maiden name Mahata Hunt

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

16. (a) Informant H. M. Nash

(b) Address Eudora Missouri

17. (a) Burial (b) Date thereof 12-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Gene A. Bann

(b) Address Walnut Grove Mo

19. (a) 12-22-48 (b) Ralph Jordan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jack

(c) City or town Eudora Mo
(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 December day 20th
year 1948 hour 7 minute — a.m.

21. I hereby certify that I attended the deceased from
Aug 20, 1948, to Dec 29 - 1948;
that I last saw her alive on Dec 19 - 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Intestine Duration Dec 20-48

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46E

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ralph Jordan (M. D. or other)

Address Walnut Grove Mo Date signed 12/24/48

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1535

Date Filed 1-25-49

JAN 18 1949

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.....

James T. Phillips, Registered Apprentice No. 215
working under my personal supervision.

Signed Gene A. Barry

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.