

No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33423**
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **6137-4494**

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Winona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon / 0 /
(c) City or town Winona
(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 _____

3. (a) PRINT FULL NAME Jasper Nash
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Sept. day 3
year 1947 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ina Nash 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. 28 1889
(Month) (Day) (Year)

Immediate cause of death Automobile Collision
Fracture Skull - Right Side
Due to Auto
Due to Automobile Collision
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. **AGE:** Years 57 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Filling Station Owner

PHYSICIAN
Underline the cause to which death should be charged statistically.
170c
22

11. Industry or business _____
12. Name Wash Nash
13. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ella Dickson
15. Birthplace MO.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident / 10 /
(b) Date of occurrence 9-3-47 Shannon
(c) Where did injury occur? Armoval No. 14260
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Frank H. Deuckel (M. D. or other) _____
Address Shannon Mo. Date signed 9-4-47

16. (a) Informant Mrs. Ina Nash
(b) Address Winona, Mo.
17. (a) Burial (b) Date thereof 9-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Munsell Chapel
18. (a) Signature of funeral director Phil A. Deuckel
(b) Address Van Buren Mo.
19. (a) 9-6-47 (b) Maude Patten
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Coll with other M. vehicle

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

MOTHER FATHER

RECEIVED

District: Health Officer No. 5,

District: 94 7530

Date Filed: 9-25-47

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 9-4-47

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Phil A. Leuchel*
.....
Licensed Embalmer No. 2936
P. O. Address: *Van Buren 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.