

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1948

Registration District No. 316

Primary Registration District No. 3054

Registrar's No. 371

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 415 A. St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 415 A. St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME STANLEY JACKSON NASH

3. (b) If veteran, name war V

3. (c) Social Security No. 489-09-0940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1948 hour 5 minute 15 A.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.

Immediate cause of death Coronary artery disease Duration _____
Suicide

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Marie Nash

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. 20 1912
(Month) (Day) (Year)

Due to Shot thru wound in left chest.

Due to _____

8. AGE: Years 36 Months 0 Days 20 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy _____

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

10. Usual occupation Miner

11. Industry or business St. Joseph Lead Co.

12. Name Stanley Jackson Nash

13. Birthplace St. Francois Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Smith

15. Birthplace St. Francois Co. 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) Suicide

(b) Date of occurrence Nov. 22, 1948

(c) Where did injury occur? Bonne Terre, St. Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) See that wound

(e) Means of injury in chest

16. (a) Informant Marie Nash

(b) Address 415 A. St. Bonne Terre Mo

17. (a) Burial (b) Date thereof Nov. 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Berlin Hub. Co

(b) Address 313 Beuhman, Bonne Terre Mo

19. (a) 11-23-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature Berlin J. Miller (M.D. or other) Coroner

Address Farmington, Mo. Date signed 11/22/48

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

MOTHER FATHER

RECEIVED

Public Health Officer No. 4
Certificate Number 1248-152
Date Filed 12-6-48

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 Clarence J. Claywell
Licensed Embalmer No. 3706
P. O. Address Conne Sewe 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.