

FILED JAN 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 219

Primary Registration District No. 5791-5792

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Moniteau Co. (b) City or town High Point, Mo. (c) Name of hospital or institution High Point, Mo. (d) Length of stay: In hospital or institution 48 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau (c) City or town High Point, Mo. (d) Street No. High Point, Mo. (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Cassia Jane Nail

3. (b) If veteran, name war No (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 6. (c) Age of husband or wife if alive 22 years 7. Birth date of deceased Aug 22 1850

8. AGE: Years 86 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Basel Evans 13. Birthplace Kent (State or foreign country) 14. Maiden name Sarah Nail 15. Birthplace Kent (State or foreign country)

16. (a) Informant C.H. Nail (b) Address High Point, Mo. 17. (a) Burial (b) Date thereof Sept 24, 1945 (c) Place: burial or cremation High Point Cent. 18. (a) Signature of funeral director Bowlin Funeral Home California, Mo. (b) Address

19. (a) 1/21/46 (b) C.H. Nail (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1945 hour 3/30 minute P.M.

21. I hereby certify that I attended the deceased from 9-10-45 to 9-22-45 that I last saw her alive on 9-21-45 and that death occurred on the date and hour stated above. Ureania 4 days Duration Immediate cause of death

Due to Chronic interstitial Nephritis Years Due to Arteriosclerosis Years

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

Major findings: Of operations X Of autopsy X

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? (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 E. B. Shelton (M. D.) Address Elton, Mo. Date signed 9.24.45

1672

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-14-46

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 Mr.

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.