

DEC 0 MAR 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6471  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 296  
 (b) Township Union Primary Registration District No. 5413 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (e) Length of residence in city or town where death occurred 100 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Clotilda Navo  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Navo  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63. 7 25  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detmold Mo  
 13. NAME Herman Perick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Magdaline Bauer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) John Navo Union R#R.1.  
 18. BURIAL, CREMATION, OR REMOVAL Interred DATE Feb 8, 39  
 19. FUNERAL DIRECTOR (ADDRESS) E. H. Lemme Beaufort Mo  
 20. FILED 2-7-39 Taliaferro Beaufort Mo Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1939  
 22. I HEREBY CERTIFY, THAT I attended deceased from Feb 3, 1939 to Feb 5, 1939  
 I last saw h. and alive on Feb 4, 1939 Death is said to have occurred on the date stated above, at 1 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Date of onset not known  
 Other contributory causes of importance:  
Chronic Arteriosclerosis  
 Name of operation None Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 85 (Signed) E. H. Lemme M. D.  
 (Address) Beaufort Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E H Lemme, Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E H Lemme

..... L. E. ....

No. .... or by .....

working under my personal supervision.

Signed E H Lemme Registered Apprentice No. ....

Licensed Embalmer No. 3076

**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.)**