

APR 15 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **913**

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2803 East 31st St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT E. NAYLOR

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1941 hour 11 minute 20 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ethel Naylor

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 30, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-24-41 to 3-3-41

that I last saw him alive on 3-3-41 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>3</u>hr.min.

Immediate cause of death ruptured peptic ulcer with generalized peritonitis

9. Birthplace Platte County, Mo.
(City, town, or county) (State or foreign country)

Due to See above

10. Usual occupation Barber

Due to See above

Other conditions (include pregnancy within 3 months of death) 117W

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER

12. Name Perry Naylor

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

Of autopsy See above

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

14. Maiden name Laura Latar

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Roberta Clift

(b) Address 4633 Pennsylvania

(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? _____

17. (a) Burial (b) Date thereof Mar. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

While at work (Specify type of place) _____

(e) Means of injury 0

18. (a) Signature of funeral director Melody M. Clift

(b) Address City

23. Signature Henry R. Shorn (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed 4-4-41

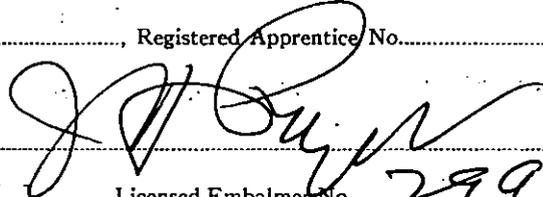
19. (a) 3/11/41 (b) m. m. grove
(Date received local registrar) (Registrar's signature)

#2

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



Licensed Embalmer No. 2999

P. O. Address. KC 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.