

3-40  
7-39  
X22159

APR 10 1941

State File No. \_\_\_\_\_

Registration District No. 35

Primary Registration District No. 3010

Registrar's No. 44

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

2. USUAL RESIDENCE OF DECEASED: 17  
 (a) State Mo. (b) County Carroll  
 (c) City or town "RURAL" 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Arthur Naught  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 16<sup>th</sup>  
 year 1941 hour 4 minute 45 P. M.

4. Sex Male ( ) 5. Color or race white  
 6. (a) Single, widowed, married, divorced, Child ( )  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 7. 1940  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9 Mar 16  
 \_\_\_\_\_, 1941, to Mar 16, 1941  
 that I last saw him alive on Mar 16, 1941  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 1 9 hr. 1 min.

Immediate cause of death: Tobacco Pneumonia  
 Due to Heart  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 17

9. Birthplace Wakenda Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Child

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Evert William Naught  
 13. Birthplace Kanner  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ruth Stator  
 15. Birthplace Wakenda 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) \_\_\_\_\_  
 (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?  
130 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant Evert W. Naught  
 (b) Address Wakenda Mo.  
 17. (a) Burial (b) Date thereof Mar 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Adkins Cemetery  
 18. (a) Signature of funeral director Nikki Marshall  
 (b) Address Carrollton Mo.  
 19. (a) 3-18-1941 (b) Ruth Haskins  
 (Date received local registrar) (Registrar's signature)

23. Signature R. Hamilton Stator (Physician or other) Mar 18  
 Address Carrollton, Mo. Date signed Mar 18

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
11-8-41

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 myself.

....., Registered Apprentice No. ....

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 4525

P. O. Address Quincy, 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.