

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27438

X28390

FILED SEP 12 1941 399

Primary Registration District No. 1002

Registrar's No. 3096

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

48
26

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3515 Morrell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042

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

(d) Street No. 3515 Morrell
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward W. Navue

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White 0

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased No Record
(Month) (Day) (Year)

8. AGE: Years about - 80 Months - Days - If less than one day hr. min.

9. Birthplace No record
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocery Business

11. Industry or business Grocery

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. Simcox

(b) Address 3515 Morrell

17. (a) Removal (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Michigan

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 8/16/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1941 hour 11:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7/1 to 8/14/41
19____ to _____ 19____;

that I last saw him alive on Aug. 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic coronary artery Duration 3 yrs

Due to General arteriosclerosis

Due to chronic nephritis 10 yrs.

Other conditions chronic nephritis 10 yrs.
(Include pregnancy within 3 months of death)

Major findings: 131B

Of operations _____

Of autopsy _____

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? _____ (City or town) (County) (State)

(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 Alexeyan Shablin (M. D. or other) _____

Address 8208 Indep. Ave. Date signed 8-15-41

3208 2nd

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

Signed E. H. White
Licensed Embalmer No. 2570
P. O. Address F. C. Me

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.