

S. No. 2  
-11-10-39  
. 5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **357963**  
Registrar's No. **21**

FILLED OCT 28 1941  
Registration District No. **896**

Primary Registration District No. **5924**

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

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Platte R.F.D. #1  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Lifetime  
In this community Lifetime  
years, months or days

8. (a) PRINT FULL NAME William Dill Naylor  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 6. Color or race White  
5. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Emma D. Hubbs Naylor 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased July 30 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 1 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Tillman Naylor  
13. Birthplace Kv.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Jane Elkins  
15. Birthplace Kv.  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Naylor  
(b) Address Platte City, Mo. R.F.D.

17. (a) Burial (b) Date thereof 9-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation I.O.O.F. Smithville

18. (a) Signature of funeral director McDougal Mortuary  
(b) Address Smithville, Mo.

19. (a) 9-17-1941 (b) Mrs. Francis E. Murray  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte  
(c) City or town Platte City, R.F.D.  
(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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 14  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug 25  
25 1941 to Sept 13 1941

that I last saw him alive on Sept 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Res  
piratory failure

Due to apoplexy  
Due to Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 030  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 0

23. Signature R. G. Scott (M. D. or other)  
Address Smithville Mo Date signed 9/19/41

**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.....

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

Signed S. A. McComas,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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, above space should be left blank.