

FILED JAN 20 1942

Registration District No. 72

Primary Registration District No. 5114

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural - Berkeley
(c) Name of hospital or institution:
Columbia Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural - Berkeley
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LONNIE EARL NAYLOR

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Naylor 6. (c) Age of husband or wife if alive Not known

7. Birth date of deceased May 20 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 28 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Agnes H. Naylor
13. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nancy H. Fishale
15. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Naylor
(b) Address Columbia, Route 3

17. (a) Burial (b) Date thereof Dec 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Berkley
(b) Address Columbia Mo

19. (a) 12/19/41 (b) Mrs H. Tullett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 18
Year 1941 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from June
7 1941 to Dec 18 1941

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 938
Major findings:
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 Robert H. Simpson (M. D. or other) _____
Address Columbia Mo Date signed 12/19/41

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

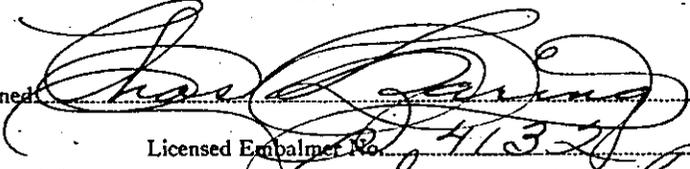
STATEMENT BY LICENSED EMBALMER

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. 41328

P. O. Address

Columbia, 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.