DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15720

FILED MAY 16 1942

Registration District No. 196

Primary Registration District No. 3038

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County SALINE 7

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE 97

(c) City or town MARSHALL 1
(If outside city or town limits, write "RURAL")

(d) Street No. North Grant 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Edna Jean Napier

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 2

5. Color or race Col

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased MARCH (Month) 20 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace MARSHALL (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Child

11. Industry or business .....

FATHER
12. Name John Napier
13. Birthplace SALINE (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Jean MASON
15. Birthplace SALINE (City, town, or county) Mo (State or foreign country)

16. (a) Informant John Napier
(b) Address MARSHALL Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation MARSHALL

18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo

19. (a) April 7 1942 (Date received local registrar) (b) Mrs T. O. Weathrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 5 1942 to Apr 1 1942
that I last saw her alive on Apr 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia ✓ — Duration 5 days

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Marshall Date signed 4/7/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-15-42

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.

Not Signed Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15726

Registration District No. 796 Primary Registration District No. 3038 Registrar's No.

1. PLACE OF DEATH:

(a) County: Saline

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edna J. Napier

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Mar (Month) 20 (Day) 1942 (Year)

8. AGE: Years — Months — Days 13 (If less than one day hr. min.)

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

18. Place: burial or cremation

19. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Bronchio-Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1942
S-15720