

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30998**

FILED SEP 17 1942
Registration District No. **261**

Primary Registration District No. **5886**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County Ozark

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

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

(d) Length of stay: In hospital or institution 2 yrs. (Specify whether years, months or days)

In this community 2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark

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

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

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

3. (a) PRINT FULL NAME John Henry Naugle

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1942 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Aug 11, 1942 to Aug 14, 1942
that I last saw him alive on Aug 12, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Nancy M. Naugle

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 5 1873
(Month) (Day) (Year)

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

69 4 9 _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 12/10

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Merchant

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? _____

11. Industry or business none

12. Name Nickles Naugle

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

14. Maiden name Polly Sanders

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

16. (a) Informant Everett Naugle

(b) Address Almartha Mo

17. (a) Rural (b) Date thereof 8-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanders

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature C.A. Beach M.D. (M. D. or other)
Address Elizah Mo Date signed 8-18-42

18. (a) Signature of funeral director H. L. Mocher

(b) Address Almartha Mo

19. (a) Sept 2-1942 (b) Mrs. Riley Harris Young
(Date received local registrar) (Registrar's name)

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 942-1403

Date Filed SEP 16 1942

JAN 6 1954

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address ava 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.