

MAR 12 1943
Registration District No. **13**

Primary Registration District No. **3003**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett**
(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 **none**
(Specify whether years, months or days) **about one week - 1 yr on for several years**

3. (a) PRINT FULL NAME **Michael Napier**

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

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

6. (b) Name of husband or wife **Amzie Bellie Napier** 6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased **November 29 - 1865**
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **Near Mansfield Webster Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Cyrus Napier**

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **Bennett**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. O. N. Napier**

(b) Address **617 - 5th St Monett mo**

17. (a) **Burial** (b) Date thereof **2 - 10 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial Mt Zion Webster Co mo**

18. (a) Signature of funeral director **C. A. Mansfield**
(b) Address **Callaway - Monett Mo**

19. (a) **Feb 9th 1943** (b) **Ardna Tuilloughly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **617 - 5th St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **Feb**
year **1943** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 7 1943 to Feb 8 1943**
that I last saw him alive on **Feb 7**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**
Duration

Due to

Due to

Other conditions **948**
(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?

While at work (Specify type of place) (c) Means of injury

23. Signature **C. A. Mansfield** (M. D. or other) **Dr.**
Address **Monett Mo.** Date signed **2-9-43**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6,

District File Number 343-371

DATE FILED MAR 11 1943

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.