

**FILED FEB 23 1943**  
Registration District No. **467 375**

Primary Registration District No. **4280 3036**

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

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Aurora**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**317 West Locust St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Aurora**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **317 West Locust St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sarah Eliza Naylor**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Charles Naylor** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 5 1857**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**85 10 22** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Simon Peter Newman**  
13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nell Durham**

(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **1/29/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Aurora Mo.**

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo.**

19. (a) **Jan 28, 1943** (b) **Council Grove Mo**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27**  
year **1943** hour **3** minute **05P.** M.

21. I hereby certify that I attended the deceased from **Aug 20**  
19**42** to **Jan 27** 19**43**  
that I last saw her alive on **Jan 27** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **Neil Smith** (M. D. or other) \_\_\_\_\_  
Address **Aurora Mo** Date signed **1/28/43**

**121 W Stewart**

RECEIVED

District Health Officer No. 6;

District File Number 243-272

Date Filed FEB 19 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

*Herman M. Surridge*

Licensed Embalmer No.

3072

P. O. Address

Aurora 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.