

ED AUG 27 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3522

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas city mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Herbert Wilnot Nauman

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

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

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

7. Birth date of deceased Aug 7 1943
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Pharon Nauman

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

14. Maiden name Ellen M. Nauman

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

16. (a) Informant Pharon Nauman

(b) Address Lee Summit mo

17. (a) Burial (b) Date thereof aug 15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City mo

18. (a) Signature of funeral director Mrs. C. J. Porter
(b) Address K. C. mo

19. (a) 8-15-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Lee Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 34 Hilltop Gardens
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 15
year 1943 hour 4 minute 38 M.

21. I hereby certify that I attended the deceased from aug 7, 1943, to aug 15, 1943
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death congenital miss-
colon + complete atonia of the
stomach

Due to congenital malformation

Due to 157m

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

Major findings: See above
Of operations _____

Of autopsy Same as above

Duration
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 Thomson Williams (M. D. or other)

Address 236 Maple Blk Date signed _____

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.....

P.O. Address.....

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.