

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 179

Primary Registration District No. 5668

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Clark
(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

In this community _____ years, months or days 77yrs 9mo 18days (Specify whether

3. (a) PRINT FULL NAME HENRY CASPER NAU

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 16 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>18</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Nau 4

13. Birthplace Germany

14. Maiden name Katherine Appleton 4

15. Birthplace Germany

16. (a) Informant Wm. Nau

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof 10-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem.

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address 500 W. ...

19. (a) 10-7-1946 Mrs. Emma R. Piddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Rural 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1946 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1st
to Oct 4th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial Infarction

Due to arteriosclerosis

Due to Senility

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

Major findings: A 3E

Of operations _____

Of autopsy _____

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 J. B. Breech (M. D. or other)

Address Tracy Mo. Date Oct 8/46

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

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

32911

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-12-46

JUN 11 1947

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 Wayne McCoy
Licensed Embalmer No. 3566
P. O. Address Troy 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.