

3. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40039**

FILED DEC 17 1946

Primary Registration District No. **3017**

Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution: **ST. JOSEPH'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 HOURS**
(Specify whether **LIFE**)

In this community **LIFE**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** **29**

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

(d) Street No. **R.F.D. 3**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LEE THOMAS McNAUGHTON**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **2nd**
year **1946** hour **1** minute **8** A.M.

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 **JUNE 23 - 1855**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 22**, 19**45**, to **Dec 2**, 19**46**, that I last saw him alive on **Dec 1**, 19**46**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	91	5	8	hr. min.

Immediate cause of death **Cerebral Hemorrhage** **8 hours**

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **ARCHIE McNAUGHTON**

13. Birthplace **HIGHLAND SCOTLAND**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH PAYNE**

15. Birthplace **LONDON ENGLAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.W. McNAUGHTON**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **12/4/46**
(Burial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PILOT GROVE, MO.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) **D-3-46** (b) **Boonville**
(Date received local registrar) (Registrar's signature)

Major findings: **g2A**

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:

(c) 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 **J.C. Fincher** (M. D. or other) **M.D.**
Address **Boonville Mo.** Date signed **Dec 3, 1946**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.

Date Filed 12-14-46

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Bonville, Md

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.