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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4320

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Mitchell Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyoming (b) County Hot Springs 999

(c) City or town Thermopolis 048
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Vincent Edward Naylor

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August (Month) 28 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	20	..... hr. ..... min.

9. Birthplace Labelle (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Stockman

FATHER
12. Name George Truman Naylor
13. Birthplace Lancaster (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Jane Wilson
15. Birthplace Lewistown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lemuel Naylor

(b) Address La Plata, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Missouri

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 1/23/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1947 hour 1 minute 57 A.M.

21. I hereby certify that I attended the deceased from January 24th, 1946, to January 18, 1947; that I last saw him alive on January 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis — cardiac failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature O. F. Whitwell (~~M. D.~~ or other) DO

Address Excelsior Springs Mo Date signed 1/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 2-15-47

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Belzoni, Miss.

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.