

State File No. \_\_\_\_\_

FILED APR 9 1947

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp. No. 3.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 6 mo - 17 da  
(Specify whether \_\_\_\_\_)

In this community Pauline  
years, months or days

8. (a) PRINT FULL NAME Frank Naverick

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 65 (9) Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poland  
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

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

12. Name of Ignaty Naverick

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

14. Maiden name Regina Majmajaki

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

16. (a) Informant Hospital Records

(b) Address Nevada, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Apr 7 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation State Hospital No. 3

18. (a) Signature of funeral director Harry Fustel Home

(b) Address Nevada, Mo

19. (a) 4-1-47  
(Date received local registrar)

(b) Wathyn Percy  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Little Blue  
(If outside city or town limits, write "RURAL")

(d) Street No. County Home  
(If rural, give location)

(e) If foreign born, how long in U. S. A? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1947 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 1-7-46  
to 3-31-1947, 19 \_\_\_\_\_  
that I last saw him alive on 3-31-1947, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

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

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

Other conditions Arterio-Sclerotic Heart Disease  
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be attributed

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 P.O. Lester M.D. (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo. Date signed 3-31-47

Date Filed 4-8-47  
District File Number 8-47-390  
District Health Officer No. 71  
RECEIVED

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 L. B. Jones

Licensed Embalmer No. 1760

P. O. Address Juwala 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, above space should be left blank.