

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22452**
Registrar's No. **4**

Registration District No. **171**

Primary Registration District No. **4265**

1. PLACE OF DEATH:
(a) County **Lafayette**
(b) City or town **Napoleon, Mo.**
(c) Name of hospital or institution:
R.R. Napoleon, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Lafayette** (b) County **Mo.**
(c) City or town **Napoleon, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. Napoleon Mo.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Young**
3. (b) If veteran, _____ name was _____
3. (c) Social Security No. _____
4. Sex **Male** 5. Color **W.C.** race **W.C.**
6. (a) Single, widowed, married, divorced **2 divorced**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 5 1852**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **4**
year **1948** hour **11:00** minute _____ M.
21. I hereby certify that I attended the deceased from **July 9 1948** to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
approx 89 — — — hr. _____ min.
9. Birthplace **Washington Mo!**
(City, town, or county) (State or foreign country)
10. Usual occupation **laborer**

Immediate cause of death **Arterio Sclerosis -**
Due to **Found dead in home near Napoleon 7-8-1948.**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Emma Hanna**
(b) Address **Bluebonnet Mo.**
17. (a) **Buried** (b) Date thereof **7-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bluebonnet Mo.**
18. (a) Signature of funeral director _____
(b) Address **Lafayette Mo.**
July 19-1948 (b) **Fred Drummond**
(Date received local registrar) (Registrar's signature)

Major findings: _____
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.P. Reppel** (M. D. or other) _____
Address **Higginsville, Mo.** Date signed **7/9/48**

(Licensed Embalmer's Statement on Reverse Side) **Cornu Lafayette County**

Health Officer No. _____
Date Recd. _____
File No. 8-12-48

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 George H. [Signature]
Licensed Embalmer No. 4220
P. O. Address Lexington, Va.

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.