REC'D MAY 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16401
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

(a) County Vernon — Registration District No. 875

(b) Township or (c) City Washington — Primary Registration District No. 6167 — Registered No. 113

(d) Street No. Nevada, Mo. (R.F.D.) St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 11 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Franklin Nave

(a) Residence, No. Nevada, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Nave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19, 1858

7. AGE: Years 80 — Months 4 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County Tennessee

FATHER

13. NAME: William Nave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County Tennessee

MOTHER

15. MAIDEN NAME: Angaline Hurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County Tennessee

17. INFORMANT (ADDRESS): Mrs. Eva Nave Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hunter Cemetery DATE April 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ferby Funeral Home Nevada, Mo

20. FILED Apr. 29, 1939 Allen O Hays
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 1939

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary artery	
Died without Medical attention.	

Other contributory causes of importance: Arteriosclerosis 9 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. E. Ferby Coroner M. D.

(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 7-29-742
Date Filed 5-8-39

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~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mike E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.