

5-17-39  
K23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26462

Registration District No. 831

Primary Registration District No. 6092

Registrar's No. 7

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

1. PLACE OF DEATH:  
 (a) County Shelby  
 (b) City or town Shelbyville  
 (c) Name of hospital or institution: County Home  
 (d) Length of stay: In hospital or institution 3 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Shelby  
 (c) City or town Shelbyville - Rural  
 (d) Street No. N.W. of city limits  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Gertrude Naylor  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 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 July 16 1878  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shelby Co. Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation none  
 11. Industry or business \_\_\_\_\_  
 12. Name (No Record)  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_

16. (a) Informant Roy Stephens  
 (b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Aug 1 - 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation J. O. B. Cemetery

18. (a) Signature of funeral director E. P. Thompson  
 (b) Address Shelbyville, Mo.

19. (a) Aug 1 - 1940 (b) Pearl Goe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 1 year 1940 hour 5:00 minute 9 M.  
 21. I hereby certify that I attended the deceased from July 29 - 40 to Aug 1 - 1940 that I last saw her alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death Cause undetermined  
she was insured but had made no complaint. Took 2 or 3 weeks ago. Refused all but the smallest amount of nourishment due to bladder operations involuntary for a long time.  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy none  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 23. Signature P. C. Archer (M. D. or other) \_\_\_\_\_  
 Address Shelbyville Mo Date signed 8-1-40

RECEIVED

District Health Officer No. 10

District File Number 8-40-1661

Date Filed AUG 19 1940

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.