

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE **FILED JUN 17 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

18723

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

Registration District No. 692

Primary Registration District No. 5919B

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Platte  
 (b) City or town Dearborn Mo. Rural #-1  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
 In this community UU-- 77 years  
 years, months or days) 8 mo 14 days (Specify whether)

**2. USUAL RESIDENCE, OF DECEASED:**  
 (a) State Missouri (b) County Platte 83  
 (c) City or town Dearborn, Mo. Rural #-1 0  
 (If outside city or town limit, write "RURAL") 0  
 (d) Street No. 3 Miles Southwest Dearborn  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME.** John W Naget  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cora Naget 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Jan 31 1863  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
77 8 14 hr. L min.

9. Birthplace Wallace Buchanan Co Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

**MOTHER FATHER**  
 { 12. Name William Naget  
 18. Birthplace Knox Co. Tennessee  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Polly Ann Roach  
 15. Birthplace Knox Co. Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jesse Downing  
 (b) Address Dearborn Missouri

17. (a) Burial (b) Date thereof 4/19 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Judy Cemetery

18. (a) Signature of funeral director William Davis  
 (b) Address Dearborn, Missouri

19. (a) April 16th. (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 15th.  
 year 1941 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 14  
4:30 P.M., 1941, to April 15, 1941  
 that I last saw him alive on April 15, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism  
 Duration 16 hours  
 Due to Hemorrhage of Brain and  
Meninges  
 Due to \_\_\_\_\_  
 Other conditions None (Include pregnancy within 3 months of death)  
 Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy No

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No  
 (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? No

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.D. Moore (M. D. or other) [Signature]  
 Address Dearborn Mo Date signed 4/17/41

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

**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

*Russell Davis*

Licensed Embalmer No. 4160

P. O. Address Dearborn Missouri

**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.**