

FILED MAY 6 1942

Registration District No.

Primary Registration District No. 3023

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 79 yrs + (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. South Halden Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Redford Naylor

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Normal M. Naylor 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Apr - 15 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Andrew J. Redford

13. Birthplace Unknown N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Harrison

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

16. (a) Informant Mo. E. N. Johnson

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof April 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) April 17, 1942 (b) Leola W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 1939
4-15 1939 to 4-15 1942

that I last saw her alive on 4-10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration within 1 hr.

Due to Arterial sclerosis + Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83a!
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 D

23. Signature R. Lee Cooper (M. D. or other) M.D.

Address Warrensburg Mo. Date signed 4-17-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51
292

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-5-42

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 _____

Carl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.