2062

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 50 Yrs.

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

3. (a) PRINT FULL NAME: DAvid T. Nawgel
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie V. Nawgel
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Nov. (Month) 10 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	8	hr. min.

9. Birthplace: Bedford (City, town, or county) Penn. / (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business: Grocery
MOTHER FATHER
12. Name: Fredrick Nawgel
13. Birthplace: (City, town, or county) Penn. / (State or foreign country)
14. Maiden name: Henrietta Candlisa
15. Birthplace: (City, town, or county) Scotland (State or foreign country)
16. (a) Informant: Alice Nawgel
(b) Address: Holden, mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Cemetery
18. (a) Signature of funeral director: D. H. Murray
(b) Address: Holden, Mo.
19. (a) Dec. 19 1942 (Date received local registrar) (b) Gladys Ferguson, Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1942 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 11, 1938, to Dec 17, 1942 that I last saw him alive on Dec 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	

Major findings:
Of operations: —
Of autopsy: —

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Kelly Rawlins (M. D. or other)
Address: Holden Mo Date signed: 12/18/42

1002 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
Direct File Number
Date Filed 1-14-43

OCT 2 1958

OCT 1 1959

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 Me, Registered Apprentice No. working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, Mo.

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.