7. S. No. 2
0M—5-42
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17559

State File No.

Registration District No. 55 Primary Registration District No. 30 N Registrar's No. 44

17
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1. PLACE OF DEATH:
(a) County Carroll.
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Storm clinic. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community 1 hr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll. 17 0
(c) City or town Wakenda Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Billy-Ray-Naught.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Child.
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July. (Month) 31. (Day) 1942 (Year)
8. AGE: Years Months 8 Days 8 If less than one day hr. min.
9. Birthplace Wakenda (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Child.
11. Industry or business
FATHER 12. Name Seamen Naught.
13. Birthplace Girard (City, town, or county) Kansas. (State or foreign country)
MOTHER 14. Maiden name Lasoen Miller
15. Birthplace Pitcher (City, town, or county) Oklahoma (State or foreign country)
16. (a) Informant Seamen Naught.
(b) Address Wakenda Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-43. (Month) (Day) (Year)
(c) Place: burial or cremation Adkins Cemetery
18. (a) Signature of funeral director Willis-Marshall
(b) Address Carrollton Mo.
19. (a) 4-10-1943. (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour minute 6:30 P.M.
21. I hereby certify that I attended the deceased from April 8, 1943 to April 9, 1943 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Double Lobar	2 da
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

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 0
23. Signature B. Hamilton Stokes M.D. or other Mal
Address Lucas Mo Date signed April 29 43

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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 Myself.

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

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.