S. No. 2
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5-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27749

FILED SEP 11 19[redacted]2

Registration District No. [illegible]

Primary Registration District No. 1000

Registrar's No. 868

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2436 So. 6th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years 5 mo. (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2436 So. 6th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Virginia Naylon

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: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: None years

7. Birth date of deceased: August (Month) 1, (Day) 1865 (Year)

8. AGE: Years 78 ~~72~~ Months 11 Days 27 If less than one day hr. min.

9. Birthplace: Platt County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Ella Bales
(b) Address: 2436 So. 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Parkerville

18. (a) Signature of funeral director: John E. Krupp
(b) Address: 6054 Pryor Ave., City

19. (a) 7-30-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I ~~attended~~ know about the deceased from July 28, 1943, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral insufficiency	1 mo.
Due to: General Arterio sclerosis	1 yr
Due to: Senile Dementia	2 yrs

Other conditions: Woman died in a 9 ft. Nursing Home following
(Include pregnancy within 3 months of death)

Major findings:
Of operation: bed Confinement for the past 30 days suffering
Of autopsy: No. from Chronic Cardio vascular disease and senile dementia

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: H F Mundy (M. D. or other) Coroner
Address: St Joseph Mo 404 Fo 9d Date signed 7/29/43

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(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.