

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1944

Registration District No. 1228

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30938

Registrar's No. 737

Primary Registration District No. 254650

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town Rural, N. Campbell Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 2522 N. BROADWAY Route #5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County GREENE 39
 (c) City or town Rural, SPRINGFIELD.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1311 W. WEBSTER ST. 6
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME JAMES WILLIAM NAULES.
 3. (b) If veteran, NONE name war.
 3. (c) Social Security No. 500-01-9963

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT. day 11 TH
 year 1944 hour 1 minute 15 P.M.

4. Sex MALE 0
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOWER
 6. (b) Name of husband or wife UNK.
 6. (c) Age of husband or wife if alive Dec. 19, 1869 years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/11/44, 1944 to 9/11/44, 1944 that I last saw him alive on 9/11/44 and that death occurred on the date and hour stated above. Duration 3 days

8. AGE: Years 75 Months 1 Days 22 If less than one day hr. min.

Immediate cause of death: Coronary occlusion

9. Birthplace UNK. 1 ARK.
 (City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED SECTION FOREMAN
 RETIRED RR. SECTION FOREMAN

Due to Sclerosis
 Due to Arterio Sclerosis

11. Industry or business
 12. Name DAVID C. NAULES
 13. Birthplace UNK. 9 UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name ADALIVE CRABTREE
 15. Birthplace UNK. 9 UNKNOWN.
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 9/40
 Major findings: Of operations: 9/40
 Of autopsy: 9/40

16. (a) Informant George Hall
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof Sep 13-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cem.
 18. (a) Signature of funeral director J. W. Hingner, Jr.
 (b) Address Springfield, Mo.
 19. (a) 9-13-44 (b) D. B. W. Hauler
 (Date received local registrar) (Registrar's Signature)

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?
 While at work? (Specify type of place) (e) Means of injury 9
 23. Signature: C. E. Fuller (M. D. or other)
 Address Springfield, Mo. Date signed 9/11/44

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

39
00

MOTHER FATHER

9494

9/11/44

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..... *Roy A. Gavin*

Licensed Embalmer No. *1763*

P. O. Address: *Springfield 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.

X