

FILED SEP 28 1944

Primary Registration District No. 4497

Registrar's No. 96

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

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Clarence, Missouri
(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 _____ (Specify whether _____)
In this community all of life years, months or days

3. (a) PRINT FULL NAME Roy Naylor

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife One R. Naylor

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 18 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Shelby Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Mechanic and farmer

MOTHER FATHER

12. Name William Edward Naylor

13. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Viola Nichell

15. Birthplace Missouri County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Naylor

(b) Address Clarence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Sept 26 1944 (Date received local registrar) (b) Thorge Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Clarence
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 43, 1943, to Sept 12, 1944
that I last saw him alive on Sept 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus in left Iliac Artery

Due to Mitral Insufficiency

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92 lb

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 _____

23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Mo Date signed 9/13/44

Duration 5 da

Duration 2 yrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SEP 29 1944

RECEIVED

District Health Officer No. 10

District File Number 8-44-1632

Date Filed SEP 27 1944

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 *E. A. Hopp*

Licensed Embalmer No. 4368

P. O. Address *Blaine, Me.*

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.