S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41308

Registration District No. 140 — Primary Registration District No. 5542 — Registrar's No. 86-

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural R F D 5 Boonefeme Twp
(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 her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town R. F. D. 5 Boonefeme Twp
(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

3. (a) PRINT FULL NAME Josie Naylor Hitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. W. Hitt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 26 (Day) 1878 (Year)

8. AGE: Years 66 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Samuel Naylor
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucy Thornhill
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. W. Naylor
(b) Address R. F. D. 5 Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 12-21-1944 (Date received local registrar) (b) Ernest McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1944 hour 10 15 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h Dead on arrival , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	5 min
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

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 D. L. Coffman (M. D. or other) MD
Address Fayette Mo Date signed 12-16-44

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-12-45

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, ~~under~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.