

FILED MAY 8 1945

Registration District No. 139

Primary Registration District No. 5541

Registrar's No. 31

1. PLACE OF DEATH:

(a) County HOLT
(b) City or town CRAIG MO. Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HOLT 44
(c) City or town CRAIG MO. Rural Union
(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 LEONARD NAUMAN

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 8th, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph S. Nauman

13. Birthplace Virg.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Long.

15. Birthplace Virg.
(City, town, or county) (State or foreign country)

16. (a) Informant John Nauman

(b) Address Craig Missouri.

17. (a) Burial (b) Date thereof 4/8/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty.

18. (a) Signature of funeral director John Nauman

(b) Address Mound City, Mo.

19. (a) 4-7-45 (b) Pauline Nauman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 5TH
year 1945 hour BETWEEN 10-12 AM. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on APR. 6, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

GUN SHOT THRU CHEST

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence APR. 5TH

(c) Where did injury occur? LOWER PART OF STERNUM
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? AT HOME ON FARM.

While at work? NO. (Specify type of place) (e) Means of injury SHOT GUN.

23. Signature Dr. H. E. Callin (M.D. or other) D.O.

Address Forest City, Mo. Date signed APR. 6 1945

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

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10-1-01

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address W. H. Crawford

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.