S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17793

Registration District No. 174 Primary Registration District No. 3052 Registrar's No. 114

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1430 West Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1430 West Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Gladys Marie Bobbitt Naylor
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: Otto Jack Naylor
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: February (Month) 4 (Day) 1910 (Year)
8. AGE: Years 35 Months 2 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace: Centerview (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business .....
MOTHER FATHER
12. Name: Fred Bobbitt
13. Birthplace: ..... (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Viola Fletcher
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Otto Jack Naylor
(b) Address: 1430 W. Main, Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cemetery
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri
19. (a) 5-1-45 (Date received local registrar) (b) Ina Anna Geiger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1945 hour 2 minute 17 A.M.
21. I hereby certify that I attended the deceased from April 26 a.m. 1945 to April 29 a.m. 1945 that I last saw him alive on April 28. 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia.	5 days
Due to Acute catarrhal cold	—
Due to N/A	
Other conditions (Include pregnancy within 3 months of death): Abortion at 3½ months.	

Major findings: Of operations: No operation
Of autopsy: No 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): None
(b) Date of occurrence .....
(c) Where did injury occur? No injury. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury. (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: C. B. Brader (M. D.)
Address: Sedalia, Mo. Date signed: 5/1/45

1022 (Licensed Embalmer's Statement on Reverse Side)

2:A.M. Apr. 29

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 6/6/42

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 J. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.