

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23708

FILED AUG 10 1945

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
X / 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. X 0
(If rural, give location)

(e) Citizen of foreign country? No. 1
(Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME CHARLIE C NAPIER

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1945 hour 5:30 P.M. minute M.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Elizabeth Napier

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

7. Birth date of deceased Nov. 3 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-28- 1943 to 7-10- 1945

that I last saw him alive on 7-10- 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 8 11 hr. 0 min.

Immediate cause of death Carcinoma liver yes.
Duration

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

Due to

Due to

10. Usual occupation Farming

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business X

Major findings:
Of operations H68

Of autopsy

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

12. Name L.N. Napier

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

14. Maiden name Unknown

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

16. (a) Informant D.R. Leavenhill

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 7/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simrell Cemetery

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

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

(b) Date of occurrence

18. (a) Signature of funeral director Church & Neale

(b) Address Stockton, Mo.

(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?

19. (a) 7-30-45 (b) Mrs. Ethel Church
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

23. Signature W.B. Richter (M.D. or other)

Address Stockton, Mo. Date signed 7-16-45

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

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Death Certificate Officer No. 7

District No. 7-45-123

Date Filed 8-8-45

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, or by.....

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

Signed *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 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.