MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED SEP 10 1946

27570

Do not use this space.

1. PLACE OF DEATH
(a) County KNOX — Registration District No. 16
(b) Township LYON — Primary Registration District No. 261 — Registered No. 39
(c) City HURDLAND — (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH HALL NAYLOR
(a) Residence, No. HURDLAND — MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 1
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED 2

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF THOMAS EAGLE NAYLOR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 31, 1853

7. AGE YEARS 93 MONTHS 1 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANTON OHIO

FATHER
13. NAME JESSE HALL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME MARTHA BOLTON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) Marita McGee Brashear Mo.

18. BURIAL, CREMATION, OR REMOVAL PAUL TOWN CEM. PLACE BRASHEAR DATE July 24, 1946

19. FUNERAL DIRECTOR (ADDRESS) Geo B Cashen Jr. Hurdland Mo.

20. FILED Aug. 27, 1946 Nell S. Hunsett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1946

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1946, to July 22, 1946
I last saw her alive on July 22, 1946 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion of the Dept. Coronary Artery.

Date of onset

Other contributory causes of importance:
Senility.

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) Wm. W. Kleppser, L.P., M. D.
(Address) Hurdland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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V. S. No. 50M-7-20-37 1 X12004

RECEIVED
District Health Officer No.
District File Number 9-46-1629
Date Filed SEP 1946

STATEMENT BY LICENSED EMBALMER

I, Geo B. Earley Jr., Licensed Embalmer No. 8755

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo B. Earley Jr.

Licensed Embalmer No. 8755

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.)