S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36939

Primary Registration District No. 3000

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grim-Smith 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

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

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Harry Naylor

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Feb. (Month) 26 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days If less than one day hr. min.

9. Birthplace La Belle (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Carpenter

11. Industry or business Building

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Self, Hospital record 1
(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation La Belle Cemetery

18. (a) Signature of funeral director Geo V. Buskirk
(b) Address Wyaconda Mo

19. (a) 12-3-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 11 minute 25 p. M.

21. I hereby certify that I attended the deceased from 21 Nov. 1947 to 22 Nov. 1947 that I last saw him alive on 22 Nov. 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal injuries, chest	2 days
Due to: Fracture, ribs, left chest, puncture of lung & pericardium	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

17 DEC 8
28

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) Accident 056

(b) Date of occurrence 21 Nov. 1947

(c) Where did injury occur? Near Knox City, Knox, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)

While at work? No (e) Means of injury Auto accident

23. Signature J. J. Kimp (M. D. or other) MD

Address Kirksville, Missouri Date signed 11/22/47

(Licensed Embalmer's Statement on Reverse Side) Non. Collision

RECEIVED
District Health Officer No. 1
District File Number 12-47-168
Date Filed DEC 10 1947

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 George V. Bosleet

Licensed Embalmer No. 1817

P. O. Address Waconia, M

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.