

No. 2
12-45
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38713**
Registrar's No. **167**

FILED NOV 24 1947
Registration District No. **955**

Primary Registration District No. **5579**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Marion**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jasper Co. TB Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **1516 Park**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Ellis Roy Nauvack

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **MO** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **March 11 1889**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **0**
If less than one day hr. min.

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

10. Usual occupation **Interior Decorator**

MOTHER FATHER

11. Industry or business
12. Name **Henry C. Nauvack**

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

14. Maiden name **Marion J. Nichols**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records**
(b) Address

17. (a) **Removal** (b) Date thereof **Nov 11 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannibal Mo**

(d) Signature of funeral director **Walt City Ltd Co**
(e) Address **Walt City Mo**

(b) **W. C. Smith** (Registrar's signature) **12 H**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10** year **1947** hour **11** minute **08 P** M.

21. I hereby certify that I attended the deceased from **Oct 19 1947** to **Nov 10 1947**
that I last saw **him** alive on **Nov 10 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of 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)
(b) Date of occurrence
(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?

(Specify type of place) While at work (c) Means of injury

Signature **Jesse C. Douglas** (M. D.)
Address **Walt City Mo** Date signed **11/11/47**

MAR 24 1948

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.....

Dale Glover, Registered Apprentice No. *87*
working under my personal supervision.

Signed *J Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *Webb City 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.