No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42124

FILED DEC 30 1947

Registration District No. .....

Primary Registration District No. 5592

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jeffersonn 50

(c) City or town Herculaneum 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 .....

3. (a) PRINT FULL NAME William Naucke

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Ann Byington

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec., 23, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	11	16	..... hr. ..... min.

9. Birthplace Festus, Mo., R. # 2 0
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business General Baker

FATHER
12. Name Frederick Naucke 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhemina Huber
15. Birthplace Sandy, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Naucke
(b) Address Herculaneum, Mo.

17. (a) Burial (b) Date thereof 12/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roselawn, Festus Mo.

18. (a) Signature of funeral director H S Wingard
(b) Address 120 Main St., Festus, Mo.

19. (a) Dec 19, 1947 (b) Cleora Belleville 142
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9,
year 1947 hour 8:50 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchiogenetic Carcinoma	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47C

Major findings:
Of operations yes as above
Of autopsy .....

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr E Jean (M. D. or other) MD
Address Herculaneum, Mo Date signed 12/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-29-42

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 H. H. Winyard

Licensed Embalmer No. 3010

P. O. Address Fenton 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.