

FILED FEB 11 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1423

Primary Registration District No. 3026

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 62 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 S. Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELIZABETH E. NAVE

3. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wm. E. Nave 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 11, 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 22 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name J. H. Botts

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

14. Maiden name Mary P. Botts

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

16. (a) Informant Floyd H. Nave
(b) Address 1000 S. Washington, Independence Mo.

17. (a) burial (b) Date thereof 2/5/48 Mo.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Geo. B. Carson
(b) Address Independence, Mo.

19. (a) 2-4-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from February 2, 1948 to February 3, 1948
that I last saw him alive on February 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
left side & hemorrhage 28 hr

Due to hypertension since 5 years

Diagnosed chronic nephritis 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations _____

Of autopsy no autopsy

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? _____ (e) Means of injury D
23. Signatur [Signature] (M.D. or other)
Address First National Bank Date signed 2/4/48
Independence, Mo.

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

MOTHER FATHER

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.....

Richard J. Shorten....., Registered Apprentice No. *423*
working under my personal supervision.

Signed..... *R. J. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.