

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.

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

25945
Do not obliterate this number.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 575
(b) Township Willow Fork Primary Registration District No. 4339
(c) City Tipton (d) Street No. _____ 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 Edna B. Naught

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF E. B. Naught

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 23

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

FATHER 13. NAME W. R. Kay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

MOTHER 15. MAIDEN NAME Louisa Redmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. L. Naught, Tipton, Mo. R. 9. D.

18. BURIAL, OR CREMATION, OR DISPOSAL PLACE Mt. Moriah DATE July 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Emery E. Gilhardt, Tipton, Mo.

20. FILED 7-2 1938 Mrs. Sarah Frye Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY That I attended deceased from June 27, 1938, to June 30, 1938.

I last saw her alive on June 30, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Leukemia

Date of onset 1936

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? lab. Was there an autopsy? no

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? _____
If so, specify _____

(Signed) J. J. Potts, M. D.
(Address) Tipton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Jamee E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Jamee E. Richards
Licensed Embalmer No. 2466

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.)