

Dr. Ossman

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

6304
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 73
 (c) City Jefferson (d) Street No. St. Mary's Hospital 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

320 Mrs. Kathryn Noteis
 (a) Residence, No. 300 Walnut Street St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Noteis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 11

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mokane, Missouri

FATHER 13. NAME W.S. Tennvson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER 15. MAIDEN NAME Melissa Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky

17. INFORMANT (ADDRESS) John Noteis
Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Mar 20-- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John H. Gordon
Jefferson City, Mo

20. FILED 3/21/39 Dr. Ossman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1939, to March 17, 1939
 I last saw him alive on Mar 17, 1939, Death is said to have occurred on the date stated above at 10:00 p.m.

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

Labar Pneumonia
Type #1
Bilateral

Other contributory causes of importance:
Myocardial failure

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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) John H. Gordon
 (Address) Jefferson City Mo

NOV 5 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.....

Gerd P. Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Gerd P. Dulle

Licensed Embalmer No.....

3890

P. O. Address.....

Jefferson City

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, above space should be left blank.