

100 OCT 19 1939

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

31725
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 2
 (b) Township Ninevah Primary Registration District No. 5002 Registered No. 214
 (c) City Nowingle (d) Street No. R.R. 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

157 Louisa Nowingle
 (a) Residence, No. Nowinger R.R. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Nowinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1852
 7. AGE YEARS 86 MONTHS 6 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) Adair Co. Missouri

FATHER 13. NAME Michel Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danphor Co. Pa.

MOTHER 15. MAIDEN NAME Margaret Shoop

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

17. INFORMANT (ADDRESS) J. E. Nowinger Nowinger, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Nowinger Cem. DATE Aug. 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Riley Parksville Mo

20. FILED Sep. 12, 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-6- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Aug 6, 1939
 I last saw him alive on 7/6 PM, 1939. Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:

Heart affection
Crone arthritis
576
 Other contributory causes of importance: Senility

Date of onset
1928

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy?

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? yes
 If so, specify (Signed) J. S. Gashwiler, M. D.
 (Address) Nowinger now

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11 X16005

RECEIVED

District Health Officer No. 10

District File Number 10-39-1790

Date Filed OCT 10 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.