

STANDARD CERTIFICATE OF DEATH

State File No. 27788

Registrar's No. 208

Registration District No. 1

Primary Registration District No. 1

I. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Novinger  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 54 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th  
year 1940 hour noon minute ten P. M.

21. I hereby certify that I attended the deceased from August 12, 1940 to September 4, 1940  
that I last saw him alive on August 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
and Bright's disease chronic

Due to congestive heart failure  
Due to Myocardial failure

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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? \_\_\_\_\_

3 While at work? (Specify type of place) \_\_\_\_\_  
(a) Means of injury 3

23. Signature A. R. Schultz (M. D. or other) D. D.  
Address Community Nursing Home Date signed 9/7/40

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Celeste Franzoi 652

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, ~~married~~, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Austria 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Nursing Home  
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 9-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemetery

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) Sept 7/40 (b) Spencer L. Freeman  
(Date received by registrar) (Registrar's signature)

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

1  
2  
2

FILED SEP 1 1940  
FILED SEP 13 1940

