No. 2
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X21492

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

FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31604

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 300

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 718 Merriwether St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL") 0

(d) Street No.: 718 Merriweather (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Martin F. Nothdurft

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: Married

6. (b) Name of husband or wife: Alma Turner 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: April 28, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	4	7	____ hr. ____ min.

9. Birthplace: Tilsit (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Comtractor 0

11. Industry or business: 0

MOTHER FATHER

12. Name: William F. Nothdurft

13. Birthplace: Tilsit (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Dora Schleuter

15. Birthplace: Tilsit (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Alma Nothdurft

(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-07-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Zions M.E. Cemt.

18. (a) Signature of funeral director: L. L. Haman

(b) Address: Cape Girardeau, Mo.

19. (a) 9-5-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1940 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 20-40, 19__, to Sept. 5, 1940, that I last saw him alive on Sept. 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ____ Of autopsy: ____

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

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: ____

23. Signature: C. W. Kinsey (M. D. or other) DO.

Address: Cape Girardeau Mo. Date signed: 9/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.