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NOV 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1956

Registration District No. 89

Primary Registration District No. 513D

Registrar's No. 43

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Neely Iron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 1/2 miles S of Neelyville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 miles S of Neelyville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 85 years.

3. (a) PRINT FULL NAME FREDRICK CLAYMORE VOLTE-SP.

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour _____ minute 89 M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Jan 29, 1941, that I last saw him alive on Jan 27, 1941, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Nolte

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug 27, 1854
(Month) (Day) (Year)

Immediate cause of death Paralytic stroke

Duration _____

8. AGE: Years 86 Months 5 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Securidy
(Include pregnancy within 3 months of death)

9. Birthplace unk. Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Nolte

13. Birthplace unk. Germany
(City, town, or county) (State or foreign country)

14. Maiden name unk.

15. Birthplace unk. Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Nolte, Jr.

(b) Address Neelyville, Mo.

17. (a) Removal (b) Date thereof Jan 31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kokomo Ind.

18. (a) Signature of funeral director Minnie Lisk

(b) Address Paylor Mo.

19. (a) 1/30/41 (b) Late Lutz
(Date received local registrar) (Registrar's signature)

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? ✓

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature F J Far (M. D. or other) ✓

Address Neelyville Mo. Date signed _____

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.....

Bryan Mc Card

Licensed Embalmer No. *4179*

P. O. Address

Hayler Mo

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, fact should be so stated above.