

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21966

State File No. _____

FILED JUL 11 1941
4:31

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 6:15 minute A.M.
21. I hereby certify that I attended the deceased from March
8, 1941, to June 7, 1941
that I last saw her alive on June 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of
rectum

Duration 4 months

Due to _____
Due to _____

Other conditions
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy: none made
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? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Wm R Patterson M. D. or other _____
Address Warrensburg Mo Date signed 6-8-41

3. (a) PRINT FULL NAME Della C. Nolt

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chas. Nolt 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug - 23 - 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Table Rock / Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Richard M. Graves

13. Birthplace Benton Co. / Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hecks

15. Birthplace Benton Co. / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank N. Bergman

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof June 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) June 10 - 1941 (b) Bertie Gentry
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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.....
Earl Priest, Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrsburg

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.