DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10499

State File No.

Registration District No. 164 Primary Registration District No. 4096 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Jerico Spg. Mo
(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 years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cedar
(c) City or town: Jerico Spg.
(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.? years.

3. (a) PRINT FULL NAME: DENZIL-ROTH-NOTT
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of ~~husband~~ or wife: Matilda Nott
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: April (Month) 4 (Day) 1884 (Year)

8. AGE: Years 57 Months 11 Days 2 If less than one day hr. min.

9. Birthplace: Circleville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: & Barber
MOTHER FATHER
12. Name: James A. Nott
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Mollie Morris
15. Birthplace: Columbus (City, town, or county) Ohio (State or foreign country)
16. (a) Informant's own signature: Matilda Nott
(b) Address: Jerico Spg.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Anna Edna, Jerico Spg.
18. (a) Signature of funeral director: Chas. A. Long
(b) Address: Jerico Spg.
19. (a) Mar 19 1942 (Date received local registrar) (b) J. P. Schaefer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1942 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 10, 1939, to March 11, 1942, that I last saw him alive on March 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
apoplexy - Cerebral thrombosis	9 mo
Coronary sclerosis	2 yrs
Due to: Buergers Disease	8 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 430	
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: Clarence W. Erickson (M. D. or other) M.D.
Address: Pittsburg Kansas Date signed 3/12/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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RECEIVED
District Health Officer No. 7
Registration Number 4-42-264
Date Filed 4-1-42

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 M. P. Long

Licensed Embalmer No. 3714

P. O. Address Jerico Spg. 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, above space should be left blank.