DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1942

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4347-3787-3787-B

State File No. 11426

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Bellflower-Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (Rural) Bear Creek
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Henry N Nothstine

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Jane Nothstine

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

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

8. AGE: Years: About 70 years | Months | Days | If less than one day: hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: General duties

FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) (State or foreign country)

16. (a) Informant: C. L. Nothstine
(b) Address: St Charles Mo. R F D #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellflower Mo.

18. (a) Signature of funeral director: Alan L Jones
(b) Address: Bellflower Mo

19. (a) 3-18-1942 (Date received local registrar) (b) Elizabeth Warner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 16 1942
year: Unknown hour: minute: M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Found dead in bed by George Moore a neighbor at 6 Pm

Due to: 3-16-42. After examining and the body I found no signs of foul play, and declair he died of natural

Due to: causes

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: No

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: F. T. Ball Justice of the Peace, acting Coroner (M. D. or other)
Address: Jonesburg Mo. Date signed: 3-17-42

(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 ..... Me ....., Registered Apprentice No. .....

working under my personal supervision.

Signed ..... Cland R. Jones .....

Licensed Embalmer No. ..... 2978 .....

P. O. Address ..... Bellflower Ca.

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11426

Registration District No. 589 Primary Registration District No. 57879 Registrar's No. 13

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Montgomery

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

(c) Name of hospital or institution: Rural
(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: 5years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Montgomery

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Henry N. Nothstine

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Jane Nothstine

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

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

8. AGE: Years: 70 Months: Days: If less than one day: hr. min.

9. Birthplace: (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: General duties

FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) " (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) " (State or foreign country)

16. (a) Informant: C.L.Nothstine
(b) Address: St.Charles Mo. R.F.D.#1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 18 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellflower Mo.

18. (a) Signature of funeral director: Oland A.Jones,
(b) Address: Bellflower Mo.

19. (a) 5-6-42 (Date received local registrar) (b) Elizabeth Warner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 16 year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from: 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Found dead in bed by George Moore, (a neighbor) at 6.00 P.M. March 16 1942. — Duration

Due to: After examining the body, I found no signs of foul play, and declare he died of a heart attack and natural causes.

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

Major findings: Of operations: 95c4

Of autopsy: No.

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: F.T. Ball Justice of the Peace, Acting Coroner (M. D. or other)
Address: Jonesburg, Mo. Date signed: 5-6-42

11426