V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

Morton 11-24-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36952

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 260

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 116 Elm Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Chamois, Mo.
(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

3. (a) PRINT FULL NAME Mahalia Ann Nolte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased May 15, ~~1872~~ 1873
(Month) (Day) (Year)

8. AGE: Years 69 ~~70~~ Months 6 ~~8~~ Days 8 ~~6~~ If less than one day hr. min.

9. Birthplace Ryors Osage County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John W. Carwile
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Burris
15. Birthplace St. Geneivie, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Adam Carwile
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42
(Month) (Day) (Year)
(c) Place: burial or cremation Oklahomia Cemetary

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.

19. (a) 11-23-42 (Date received local registrar) (b) Thooma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd
year 1942 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 11 1942 to Nov 23 1942
that I last saw her alive on Nov 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General Arthritis of all Joints of body (Rheumatism) — Duration 6 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 590

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 [signature] (M.D. or other)
Address Jefferson City Mo. Date signed 11-23-42

844 (Licensed Embalmer's Statement on Reverse Side)

DEC 7 -1943

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.