. S. No. 2
00M—2-43
5-17-39
I X3567

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17078

FILED JUN 7 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2367

1. PLACE OF DEATH:

(a) County: Jackson,

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

(c) Name of hospital or institution: 301 Bellefontaine (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson. 48

(c) City or town: Kansas City, (If outside city or town limits, write "RURAL") 3

(d) Street No.: 301 Bellefontaine (If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Frank Baldwin Nofsinger,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: March (Month) 7 (Day) 1871 (Year)

8. AGE: Years 72 Months 2 Days 15 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Retired,

11. Industry or business: x

FATHER

12. Name: Dr. Francis B. Nofsinger,

13. Birthplace: Indiana (City, town, or county) 1 (State or foreign country)

MOTHER

14. Maiden name: Julia Baldwin

15. Birthplace: Illinois, (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Miss Gertrude Nofsinger,

(b) Address: 301 Belle fontaine, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 5-24-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 22nd year: 1943 hour: 7:00 minute: P. M.

21. I hereby certify that I attended the deceased from May 19, 1943, to May 22, 1943, that I last saw him alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anemia — Duration: 6 months

Due to: —

Due to: 73a

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

Major findings:
Of operations: None
Of autopsy: None made

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: C. W. Rose D (M. D. or Coroner)

Address: 1013 N. Elmwood Date signed: 5-24-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rose, Be 4191 103 N. Elmwood

1.30 P.M.

334 S. Warren

4484

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.