S. No. 2
M—2-43
5-17-39
I X39697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22051

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 14

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL HAWCREEK TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL 71
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI. N.E. STOVER 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME NORMAN WM FRED NOLTING
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 23 (Day) 1923 (Year)

8. AGE: Years 20 Months Days 4 If less than one day hr. min.

9. Birthplace MORGAN CO. (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name HENRY G NOLTING
13. Birthplace MORGAN CO. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name LENA STUCKER
15. Birthplace MORGAN CO. (City, town, or county) MO (State or foreign country)
16. (a) Informant HENRY G NOLTING
(b) Address STOVER MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation STOVER CEM
18. (a) Signature of funeral director RAPP & STEVINSON
(b) Address STOVER MO
19. (a) July 3 1943 (Date received local registrar) (b) Henry Rapp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27TH year 1943 hour 3 minute P. 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.

	Duration
Immediate cause of death ACCIDENTAL DROWNING WHILE ON SWIMMING PARTY.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

183 3
36
8

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) ACCIDENT 071
(b) Date of occurrence 6/27/43.
(c) Where did injury occur? NEAR STOVER, MORGAN, MO. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FISH HATCHERY (Specify type of place)
While at work? No. (e) Means of injury
23. Signature L. C. Buchanan Coroner (M. D. or other)
Address Versailles MO Date signed

(Licensed Embalmer's Statement on Reverse Side)

1030

RECEIVED
District Health Officer No. 7
District File Number 6-43-702
Date Filed 7-12-43

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.