

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31385

FILED OCT 9 1943

Registration District No. 543

Primary Registration District No. 4085

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale
(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)
In this community 15 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Hale
(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

Everett E Nuntzinger

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 In service

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov 1 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Oakworth Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____

12. Name John Nuntzinger

13. Birthplace Anderson Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Riffe

15. Birthplace Panama Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edw A Nuntzinger

(b) Address Hale Mo

17. (a) Burial (b) Date thereof Sept 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cemetery

18. (a) Signature of funeral director Edward E Slater

(b) Address Hale Mo

19. (a) Sept 15 1943 (b) Mrs Edw Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1943 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 1941 to Sept 13 1943
that I last saw him alive on Sept 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death, Uremic poisoning

Due to Chronic interstitial nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Alvin A. Wald (M. D. or other) P.O.
Address Hale, Mo Date signed 9-15-43

Duration
Physician
Underline the cause to which death should be charged statistically.

1068

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-8-73

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 Frank E. Slater
Licensed Embalmer No. 937
P. O. Address Hale 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.