S. No. 2
OM—2-43
. 5-17-39
I X35697

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. 6246

FILED MAR 6 1944

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 931

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~~ ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 DAYS (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON. 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3636 FOREST AVENUE 8
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME MR. CHESTER ALAN NOFFTZ

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. DOROTHY G. NOFFTZ

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased NOVEMBER (Month) 11 (Day) 1893 (Year)

8. AGE: Years 50 | Months 3 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace SADORUF (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation BROKER

11. Industry or business INDEPENDENT

FATHER
12. Name WILLIAM A. NOFFTZ
13. Birthplace CHAMPAGNE (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name EMMA SCHLORFF
15. Birthplace CAMERON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Dorothy G. Nofftz
(b) Address 3636 Forest

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 26. 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 2-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944, to Feb 24, 1944; that I last saw him alive on Feb 24, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Hypostatic pneumonia	1 day
Due to Cerebral hemorrhage	3 days
Due to Hypertension Heart Disease	6 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 3

23. Signature John O. Skinner (M. D. or other) MD

Address 1102 Grand Ave Date signed 2-24-44

(Licensed Embalmer's Statement on Reverse Side) K. CMO

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.