

FILED MAY 24 1944

State File No. _____

Registration District No. 1

Primary Registration District No. 4001

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Department 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 Life time
years, months or days

3. (a) PRINT FULL NAME WALTER JESS NOVINGER
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Aug 13 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace: Adair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Doctor D.O.

11. Industry or business _____
12. Name Thomas J. Novinger
13. Birthplace Dauphin Co Penn
(City, town, or county) (State or foreign country)
14. Maiden name Luella Novinger
15. Birthplace Dauphin Co Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Novinger to Harton
(b) Address Kansas City Mo
17. (a) Rural (b) Date thereof 4-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger
18. (a) Signature of funeral director Sumner Powell
(b) Address Richville Mo
19. (a) 5/16/44 (b) Mrs. J. W. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Novinger
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 17
year 1944 hour 3 PM M.
21. I hereby certify that I attended the deceased from Apr 17
1944 to Apr 17 1944
that I last saw him alive on Apr 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cronic Valvul
heart disease, Dimp
which I saw him
Due to arterial sclerosis
Due to alcohol

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
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 J. S. Gashner M.D. (M.D. or other)
Address Novinger Mo Date signed 5/16/44

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

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

2
-43
7-39
K35697

2-44-1021

MAY 22 1944

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 *W. C. Summers*

Licensed Embalmer No. *2159*

P. O. Address *Riskville*

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.