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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

Registration District No. 366

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6241

State File No. 22758

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi, Mo. ~~R.R.1~~ Breton
(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 1 (Specify whether
In this community 61 years 6 months 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

(c) City or town Potosi, Mo. R.R.1 (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 10

3. (a) PRINT FULL NAME Noah E. Politte

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 29 (Day) 1882 (Year)

8. AGE: Years 61 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Potosi. Mo R.R.1 (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John C. Politte
13. Birthplace Tiff. Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Emozine Boyer
15. Birthplace OldMines. Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Maude Boyer
(b) Address Potosi. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation OldMines. Mo

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi. Mo

19. (a) 6-24-44 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 2 minute 5 AA M.

21. I hereby certify that I attended the deceased from April 4 — 1944 to June 23 1944
that I last saw him alive on June 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach, followed by carcinoma of liver and intestine post operative.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46b

Of autopsy

Duration

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 0

23. Signature Joseph L. Thurman (M. D. ~~or other~~)
Address Potosi, Mo. Date signed 6-24-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-4015

Date Filed 2-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~myself~~ by MARY M. SMITH, Registered Apprentice No. 359, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4158

P. O. Address Potosi 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.