

FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33864

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer
(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 8 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13
(c) City or town Braymer
(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 Ivy Jane Noffzinger

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Jessie M. Noffzinger 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov. 13, 1859 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Ray Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Iscca Taylor
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Caroline Bohannan
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bert Weber
(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 10-8th-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tinneys Point Cem

18. (a) Signature of funeral director Bernard Mead
(b) Address Braymer, Missouri

19. (a) Oct 8-44 (b) E.A. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 hr 45 min
year 1944 hour 6 minute 45 min

21. I hereby certify that I attended the deceased from Oct. 6, 1944 to Oct. 7, 1944
that I last saw him alive on Oct. 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 34 day

Due to _____
Due to _____ 82a

Other conditions (Include pregnancy within 3 months of death)
Hep S. A. Swell

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____

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 _____
23. Signature Geo. S. Dowell (M. D. or other) _____
Address Braymer, Mo. Date signed Oct. 7-44

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

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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 *Bernard J. Mead*

Licensed Embalmer No. *2801*

P. O. Address. *Graymer*

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.