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DM—8-43
v. 5-17-39
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24515

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1945

State File No. .....

Registration District No. 23 Primary Registration District No. 5815 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town HAW CREEK TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. N. E. OF STOVER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME HENRY NOLTING SR.
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 WIDOWED
6. (b) Name of husband or wife KATHERINE NOLTING
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JULY (Month) 11 (Day) 1859 (Year)

8. AGE: Years 86 Months ..... Days 11 If less than one day ..... hr. ..... min.

9. Birthplace PYRMONT (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business .....
12. Name HENRY NOLTING (FATHER)
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name CHRISTINA WITHRUCK (MOTHER)
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant MRS. PERRY CONAWAY
(b) Address STOVER MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation NOLTING CEM.
18. (a) Signature of funeral director J. H. Stevinson
(b) Address Stover, Mo.
19. (a) July 28 45 (Date received local registrar) (b) Henry Rippe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23 year 1945 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 4, 1945 to July 23, 1945 that I last saw him alive on July 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene left foot	1 mo
senile	
Due to senility	
Due to arterial sclerosis	unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature A. J. Glenn D (M. D. or other)
Address Versailles, Mo. Date signed 7/24/45

1030

(Licensed Embalmer's Statement on Reverse Side)

Registrar
Local Health Officer No. 7.
District File Number 1-45-797
Date Filed 8-10-45

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 J. L. Stevinson

Licensed Embalmer No. 4093

P. O. Address Stover, 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.