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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36680

Registration District No. 42 | Primary Registration District No. 5134 | Registrar's No. 1268

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Washington Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #4, Pickett Road-St.Joseph (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: Most of his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph RURAL (If outside city or town limits, write "RURAL")
(d) Street No.: Route # 4, Pickett Road, St.Jose St.Joseph (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Edgar Elex Nowling
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: None
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: September (Month) 1, (Day) 1872 (Year)
8. AGE: Years 73 | Months 2 | Days 28 | If less than one day ____ hr. ____ min.
9. Birthplace: Salem (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: ____
12. FATHER Name: Isaac Nowling
13. FATHER Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
14. MOTHER Maiden name: Margaret Elizabeth Northwind
15. MOTHER Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Fannie E. Foreman
(b) Address: Route #4, Pickett Road
17. (a) Removal & B (Burial, cremation, or removal) (b) Date thereof: 11/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Anitoch Cemetery-Fillmore
18. (a) Signature of funeral director: Mrs. E. R. Siderfaden
(b) Address: 602 South 10th Street
19. (a) Dec 1-1945 (Date received local registrar) (b) A. Mathews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1945 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from 2 July 45 to 29 Nov. 45 and that I last saw him alive on 1m 29 Nov. 45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	1yr.
Due to: Senility	2 Yr.
Due to:	
Other conditions: Cancer of Lip (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): None
(b) Date of occurrence: None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: St. Joseph, Mo Date signed: 29 Nov

1428 (Licensed Embalmer's Statement on Reverse Side) 19

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 Mollie E. Sidenfaden Fol

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.