

S. No. 2  
M-8-13  
v. 5-17-39  
DC37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18501  
Registrar's No. 17

FILED JUN 2 1948  
Registration District No. 362

Primary Registration District No. 6234

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

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Truesdale  
(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  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Truesdale 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 3  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William E. Nolting

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 married

6. (b) Name of husband or wife Sueanna Muschaney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 1, 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name H. C. Nolting

13. Birthplace Germany  
(City, town, or county) (State or foreign country) 4

14. Maiden name Tuskoa Portzig

15. Birthplace St. Charles County, Mo.  
(City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Wm. E. Nolting

(b) Address Truesdale, Mo.

17. (a) Burial (b) Date thereof 5-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 5/24/48 (b) Ma Vernell Witten  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1948 hour 5:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov. 5  
1947, to May 6, 1948  
that I last saw him alive on May 6, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Locomotor Ataxia  
Complicated by Paralysis Duration 6 Mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Senility  
(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 John H. Dyer (M. D. or other) 0  
Address Warrenton, Mo. Date signed 5-8-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 1 1948

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 *John Schieburg*  
Licensed Embalmer No. *3897*  
P. O. Address *Warrenton, 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.