

FILED DEC 9 1948
Registration District No. 262

Primary Registration District No. 6232

State File No. _____

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Warren
(b) City or town "Rural" Bridgeport Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/4 mi. North of Case
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mi. North of Case 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT EDMUND. NOLTE
FULL NAME

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

7. Birth date of deceased June 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 17 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Edmund Nolte
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Weber
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edmund Nolte Jr
(b) Address RFD Mc Kittrick, Mo

17. (a) Burial (b) Date thereof 12-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's Cemetery

18. (a) Signature of funeral director: Hugo H. Obermer

(b) Address Herrmann, Mo

19. (a) 12/1/48 (b) Mrs. Vanella Waters
(Date received local registrar) (Registrar's signature) 4571 Address Herrmann, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-9 1947 to 11-28 1948

that I last saw him alive on Nov 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death.
Apparently coronary occlusion 2 min.
or pulmonary embolism

Due to _____

Due to _____

Other conditions Parkinson's disease
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy gfh
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 Cavel T. Shaw MD (M. D. or other)
Address Herrmann, Mo. Date signed 11-29-48

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

930

Date Filed _____

District File Number DEC 8 1948

District Health Officer No. 9

RECEIVED

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.