

State File No. 8709
918

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>2788</u>			
c. LENGTH OF STAY (in this place) <u>31 YEARS</u>				d. STREET ADDRESS (If rural, give location) <u>4254 EAST 62ND STREET</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MURRAY</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>NOLTE, SR.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 26, 1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 2, 1904</u>	
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY BUYER</u>		11. BIRTHPLACE (State or foreign country) <u>MAYVIEW, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>CONSUMERS COOPERATIVE ASSN.</u>		13a. FATHER'S NAME <u>OTTO NOLTE</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE RABUS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. IVA NOLTE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-4711</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. IVA NOLTE</u> ADDRESS <u>4254 EAST 62ND ST. KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE NEPHROSIS</u> ANTECEDENT CAUSES DUE TO (b) <u>GANGRENOUS APPENDICITIS</u> DUE TO (c) <u>PEBBLE IN LUNG</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>FEB. 26, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>GANGRENOUS APPENDICITIS</u>		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>FEB. 2</u> , 19 <u>51</u> to <u>FEB. 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>FEB. 26</u> , 19 <u>51</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P.C. Quistgaard MD</u> (Degree or title)				23b. ADDRESS <u>6222 Chicago Ave. St. Louis, Mo.</u>		23c. DATE SIGNED <u>FEB 26 1951</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MAYVIEW MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-28-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newman</u> ADDRESS <u>1337 BROWN CAFE KANSAS CITY, MO.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.