DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18505

Registration District No. 324

Primary Registration District No. 3087

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: TRENTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 251 Kitty Street 2 (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: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy
(c) City or town: Trenton (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME: Anna Novak 120

3. (b) If veteran, name war: —
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Frank Novak
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 16 (Day), 1859 (Year)

8. AGE: Years 80 | Months 9 | Days 15 | If less than one day — hr. — min.

9. Birthplace: — (City, town, or county) Germany 6 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: James Clement
13. Birthplace: — (City, town, or county) Germany 6 (State or foreign country)
MOTHER
14. Maiden name: Emerson
15. Birthplace: unknown (City, town, or county) unknown 9 (State or foreign country)
16. (a) Informant: Les Novak
(b) Address: 251 Kitty St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Grove Cemetery
18. (a) Signature of funeral director: Raymond A Dean
(b) Address: Trenton Mo
19. (a) 4-2-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1940 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 18, 1940, to April 1, 1940, that I last saw b. ~~dec.~~ alive on March 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis of a few years duration — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): No
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):
(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? (Specify type of place)
While at work? (c) Means of injury:

23. Signature: C O Hullers (M. D. ~~or other~~)
Address: Trenton Mo Date signed 4-2-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-905
Date Filed JUN 12 1940

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 Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton

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, above space should be left blank.