No. 2
1-10-39
17-39
X21492

AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25330

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 193

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

8
5
4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. 636 Ash Avenue-Fairmount
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 28 years years.

3. (a) PRINT FULL NAME Herman Alfred Notz 320

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lena Notz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 10 (Day) 1893 (Year)

8. AGE: Years 47 Months 1 Days 17 If less than one day ___ hr. ___ min.

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

10. Usual occupation Baker

11. Industry or business Owner-Fairmount Bakery

FATHER
12. Name Jacob Notz
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lena Herr
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Lena Notz
(b) Address 636 Ash Ave. Fairmount

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) July, 29-40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 16, 1940 to July 27, 1940
that I last saw him alive on July 27, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia, cellulitis	12 days
Bronchial Pneumonia, terminal	1 day
Due to: Laceration of finger	
Due to:	
Other conditions (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) Cut finger-accident
(b) Date of occurrence
(c) Where did injury occur? (own bakery) (City or town) K.C. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? industrial (bakery) (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred W. Smith (M. D. or other) MD
Address Fairmount Date signed 7/29/40

360 (Licensed Embalmer's Statement on Reverse Side)

10235 Indep.
N.E. Square Canon

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K.C. 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, above space should be left blank.