

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2273

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Polk Liberty  
 (b) City or town Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1 Rural  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
 (c) City or town Liberty  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 2  
 (If rural, give location) D  
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME

Thomas B. Nowlin

(b) If veteran, name war no

(c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mary T. Nowlin  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased dic. 31-1862  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
 year 1941 hour 1 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from 1-2-41  
 \_\_\_\_\_, 19\_\_\_\_, to 1-31-41, 19\_\_\_\_;  
 that I last saw him alive on 1-31-41, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho-pneumonia

Duration

3 weeks

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

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

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature N. R. Schumacher (M. D. or other) M.D.  
 Address Liberty Mo Date signed 2-1-41

MOTHER FATHER

12. Name Samuel S. Nowlin  
 13. Birthplace Mo A  
 14. Maiden name Sarah M. P. Clay  
 15. Birthplace Mo. I  
 16. (a) Informant's own signature Mrs. Joe Donaldson  
 (b) Address Rt # 2 Liberty Mo  
 17. (a) Rural (b) Date thereof Feb 2-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cawellton Mo.  
 18. (a) Signature of funeral director Chas. Archer Co  
 (b) Address Liberty Mo  
 19. (a) Jan 31-41 (b) Nelson Early  
 (Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number 14-12-41  
Date Filed 8-12-41

**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 Edgar Archer

Licensed Embalmer No. 2311

P. O. Address Liputz m.

**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.**