

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1942

Registration District No. 296

Primary Registration District No. 5413

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County FRANKLIN Union Twp  
(b) City or town BEAUFORT MO (Union)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location):  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ELIZABETH NOHTING

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife August Nohting 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased APR 1 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name JOHN HOERATH

13. Birthplace JEFFERSONBURG MO (City, town, or county) (State or foreign country)

14. Maiden name MARGERATE MEYER (State or foreign country)

15. Birthplace BEAUFORT MO (City, town, or county) (State or foreign country)

16. (a) Informant August Nohting

(b) Address Beaufort Mo

17. (a) Burial (b) Date thereof Dec 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Lutheran Cent.

18. (a) Signature of funeral director G. J. Lemme

(b) Address Beaufort Mo

19. (a) 12-29-41 (b) Louis F. Howen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Beaufort Mo (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. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 23 1941 to Dec 24 1941 that I last saw her alive on Dec 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day

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

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

Other conditions Diabetes Mellitus (and Kid)  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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

Of autopsy 61

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. Malheur (M. or other) \_\_\_\_\_

Address Beaufort Mo Date signed 12/26/41

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

6  
0  
D

100-12-100-111

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.....

*E. H. Lemme*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. H. Lemme*

Licensed Embalmer No.....

*3076*

P. O. Address.....

*Beaufort 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.**