

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5760

FILED MAR 19 1942
Registration District No. _____

Primary Registration District No. 205

State File No. _____

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County ANDREW

(b) City or town ST. JOSEPH-RURAL-JEFFERSON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RFD #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 52 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ANDREW

(c) City or town RURAL-JEFFERSON TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #3
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB-J-NOLD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 8:30 minute A: M.

21. I hereby certify that I attended the deceased from Mar 4, 1942 to Feb 28, 1942
that I last saw him alive on Feb 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Duration _____

4. Sex Male 5. Color or race Whit

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

6. (b) Name of husband or wife Rosa Elizabeth

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

7. Birth date of deceased: Jan 13 1858
(Month) (Day) (Year)

Due to _____

Due to _____

8. AGE: Years 84 Months 1 Days 15
If less than one day _____ hr. _____ min.

Other conditions Hypostatic pneumonia
(Include pregnancy within 8 months of death)

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

10. Usual occupation Farmer

Major findings:
Of operations 93d

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Nold

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

14. Maiden name Barbara Gansch

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

16. (a) Informant George Nold

(b) Address St. Joseph Mo.

17. (a) burial (b) Date thereof Mar 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem.

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? _____

18. (a) Signature of funeral director W. O. Stanley

(b) Address St. Joseph Mo.

19. (a) 3-1-42 (b) J. M. Fritschman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. O. Stanley (M. D. or other) W. O.
Address St. Joseph Mo. Date signed 3/1/42

1072 (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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Roy Plante*

Licensed Embalmer No. *2435*

P. O. Address *H. Joseph 2nd*

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.