. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11398

Registration District No. 577 Primary Registration District No. 5776 Registrar's No. 3

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

8
0
0

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town rural Pilot Grove Fund
(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 1 (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Rural 06
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HESTER ANN NOTT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George Nott
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 10 (Day) 1871 (Year)

8. AGE: Years 70 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Missouri ~~Maryland~~ (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name James Sanphury
13. Birthplace Maryland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Doodley
15. Birthplace Maryland (City, town, or county) (State or foreign country)
16. (a) Informant Rallie Caron Nott
(b) Address 420 So. Lamodale, Kansas City, Mo.
17. (a) ~~Flay Spring~~ Burial (Burial, cremation or removal) (b) Date thereof 3 - 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Flay Spring Cemetery
18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California, Mo.
19. (a) 3-21-42 (Date received local registrar) (b) Mrs H. J. Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1942 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from 3 - 4 - 1942 to 3 - 20 - 1942
that I last saw her alive on 3 - 20 - 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchitis	16 days
Due to Cold	
Due to	
Other conditions (Include pregnancy within 3 months of death) 106 C	

Major findings:
Of operations None
Of autopsy No

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? — (e) Means of injury —
23. Signature H. R. Rosejoy (M. D. or other) M.D.
Address California Mo Date signed 3-20-42

8 [illegible]

(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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.