

FILED JUN 18 1942

Registration District No. ....

Primary Registration District No. 3026

State File No. ....

Registrar's No. 93

1. PLACE OF DEATH:

(a) County LIVINGSTON  
(b) City or town Chillicothe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hrs  
(Specify whether  
In this community 5 HOURS  
years, months or days)

3. (a) PRINT FULL NAME Infant Nolte

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced. ....

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

7. Birth date of deceased May 8 - 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 5 hr. min.

9. Birthplace Chillicothe Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation  
11. Industry or business

MOTHER FATHER  
12. Name Herbert Bacon  
13. Birthplace Pinelawn, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Nolte  
15. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte Nolte  
(b) Address Chillicothe, Missouri

17. (a) BURIAL (b) Date thereof May 8 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EDGEWOOD CEM.

18. (a) Signature of funeral director H.A. Meinershagen  
(b) Address Chillicothe Mo

19. (a) May 8 - 1942 (b) Lois Ellacoy  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON  
(c) City or town Chillicothe 59  
(If outside city or town limits, write "RURAL")  
(d) Street No. Chillicothe Hospital  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1942 hour 1 minute 11 M.

21. I hereby certify that I attended the deceased from 5-8-1942  
1942 to 5-8-1942 1942

that I last saw him alive on 5-8-1942 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Immature Ribs  
at 6th month of pregnancy Duration

Due to.....

Due to.....

Other conditions LA  
(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?

While at work? ✓ (Specify type of place)  
(or) Means of injury ✓

23. Signature Rayburn Parney (M. D. or other) 0  
Address Chillicothe Mo Date signed 5-2-1942

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

*NOT EMBALMED*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**