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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1943

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 15-67

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town ~~High Ridge~~ Rural - Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Own home Near High Ridge Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 74
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Jefferson

(c) City or town Rural Near High Ridge Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME WILLIAM CARL NOLLMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Jan - 6 - 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	26	— hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

FATHER
12. Name Herman Henry Nollman
13. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Boehling
15. Birthplace High Ridge Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Nollman
(b) Address High Ridge Mo.

17. (a) Burial (b) Date thereof 4-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Martins Cem. High Ridge

18. (a) Signature of funeral director [illegible]
(b) Address House Springs Mo

19. (a) 7 apl 1943 (b) James A Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apl day 2
year 1943 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 1941, 19..., to 2 apl 1943
that I last saw him alive on Mar 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart Disease

Due to .....

Due to .....

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy No

Duration

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 0

23. Signature James A Townsend MD
(Date of or other)
Address House Springs Mo Date signed 4/4/43

(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.

J H Brenner

Signed ~~William T Hiams~~

Licensed Embalmer No. ~~4319~~ 1470

P. O. Address ~~St Louis~~ Houston Springs 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.