

FILED JUL 10 1943

Registration District No. 173

Primary Registration District No. 5673564

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Davis Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Rural Davis Township
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME LOUIS H. NOLTE

3. (b) If veteran, name war _____

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1943 hour 10 minute 00 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kathryn Nolte

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: Mar 24 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18 1943, to June 24 1943;
that I last saw him alive on June 24 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 3 1 hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 1 wk

Due to hypertension ?

Due to _____

9. Birthplace Marion Missouri (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations _____

12. Name Mr Nolte

Of autopsy _____

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

14. Maiden name Unknown

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

16. (a) Informant John F. Nolte

(b) Address Wigginsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June - 27/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Cemetery

18. (a) Signature of funeral director N. F. Dunshee

(b) Address Concordia Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) 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 Paul Lowell (M. D. or other) _____

Address Blackburn Date signed 6-26-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 7-8-43

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 W. Roy Emlin

Licensed Embalmer No. 4305

P. O. Address Wellington, N.C.

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.