S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7690

Registration District No. .....

Primary Registration District No. 4001

Registrar's No. 101

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Novinger, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Novinger
(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 .....

3. (a) PRINT FULL NAME Amanda Bortz
3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 23 (Day) 1858 (Year)

8. AGE: Years 90 Months 0 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Dauphin County, Penn
(City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business .....
FATHER
12. Name Johnathan Novinger
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christine Hoffman
15. Birthplace Penn.
(City, town, or county) (State or foreign country)
16. (a) Informant William J. Bortz
(b) Address Novinger, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Novinger Cmt.
18. (a) Signature of funeral director Paul M. Riley Dee Riley Funeral Home
(b) Address Kirksville, Missouri.
19. (a) 4-3-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 11:00 minute P: M.

21. I hereby certify that I attended the deceased from Mar 19, 1948, to Mar 23, 1948; that I last saw her alive on Mar 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis & hypostatic congestion

Due to Cardiac asthma

Due to Senility

Other conditions Mucosa 40 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy no

Duration

PHYSICIAN
Underline the cause of 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 J S Gschwiler (M. D. or other)
Address Novinger Mo Date signed 3/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-627
APR -7 1948
Date Filed

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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed D E Riley

Licensed Embalmer No. H181

P. O. Address Kirksville 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.