

FILED APR 22 1942

Registration District No. 3-77

Primary Registration District No. 3-776

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town rural Childs Road 2 1/2 mi
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau
(c) City or town Rural (If outside city or town limits, write "RURAL") Pla?
(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 Serge Nott 6. (c) Age of husband or wife if alive _____ years (Day) (Year) 10 1871

7. Birth date of deceased Aug 10 1871
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Sanbury

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

14. Maiden name Sarah Jane Doodler

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

16. (a) Informant Rabbi Caron Nott

(b) Address 420 S. Hamilton, Kansas City, Mo.

17. (a) Play Spring Cemetery (b) Date thereof 3-21-1942
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Play Spring Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California, Mo.

19. (a) 3-21-42 (b) H. J. Sullivan
(Date received local registrar) (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.

Immediate cause of death Bronchitis Duration 16 days

Due to Cred

Due to _____

Other conditions 106e
(include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy no

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)
(e) Means of injury _____

23. Signature A.R. Robson (M. D. or other) M.D.
Address California, Mo Date signed 3-20-42

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

8
0
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

8 1/2

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 with the above constitutes grounds for revocation of license.)

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