

Registration District No. 735Primary Registration District No. 3034Registrar's No. 32

## 1. PLACE OF DEATH:

- (a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
617 Gilman Rd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Q Noel

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 Widowed6. (b) Name of husband or wife Wm P Noel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Sept 6<sup>th</sup> 1866  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
73 5 2 hr. min.9. Birthplace Ky  
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Roger Q Visenberry  
 13. Birthplace Ky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Hampton  
 15. Birthplace Ky  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. F. Noel  
(b) Address Moberly, Mo17. (a) Burial (b) Date thereof Feb 10<sup>th</sup> 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly, Mo18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly, Mo19. (a) Feb 10-1940 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 617 Gilman  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8<sup>th</sup>  
year 1940 hour 7 minute 30 P. M.21. I hereby certify that I attended the deceased from Mar. 19  
1940 to Feb 8, 1940  
that I last saw her alive on Feb. 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the  
bladder

Duration

1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations NoneOf autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Martin B. Hunter (M. D. or other)  
Address Moberly, Mo Date signed 2/9/40

FILE MAP 24 1940

RECEIVED

District Health Officer No. 10

District File Number 3-40-633

Date Filed MAR 12 1940

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 Frank D. Wetli

Licensed Embalmer No. 3021

P. O. Address Mobile, 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, above space should be left blank.