

o. 2
13-40
17-39
X23159

State File No.

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 1245

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Nescho
(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) 20

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Nescho
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Daniel Webster Nobles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eunice Nobles 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 14 - 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Pryor Nobles

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

14. Maiden name Mary Craddock

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

16. (a) Informant Mrs Eunice Nobles

(b) Address Goodman mo

17. (a) Burial (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetery

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman mo

19. (a) 10-15-40 (b) Orval R. Baker, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1940 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from 3-17-40 P that I last saw him alive on Oct 8 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Arterio-sclerosis
Chronic interstitial nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations none

Of autopsy none

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? 543

(Specify type of place) _____ (e) Means of injury _____

23. Signature Melvin C. Bowman (M. D. or other) M.D.

Address Nescho, Mo Date signed Oct 14 - 40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1140-2891

Date Filed NOV 18 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.....

Licensed Embalmer No.....

P. O. Address.....

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.