

11-10-39
5-17-39
I

NOV 25 1940 838

Primary Registration District No. **4509**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dexter
 (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)
 (d) Length of stay: In hospital or institution 20
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Sally Jane Noell
 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 _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 22 1867
 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____
 12. Name _____
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Noell
 (b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof Oct. 14/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 11/2 1940 Jennie Benton
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 13th
 year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 9 - 1940
 _____, 19____, to Oct - 13, 1940,
 that I last saw her alive on Sept - 7 -, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia

Due to Senile Chronic Hypertension and Chronic myocardial

Due to of several years duration

Other conditions Recovering from a fractured humerus -

Major findings: _____
 Of operations _____
 Of autopsy _____

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? 755
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Frank Baker (M. D. or other) _____
 Address Dexter 910 Date signed 10/17/40

1942
99

RECEIVED

Director of Health Officer No 2

District File No. 1140-165

Date Filed 11/7/40

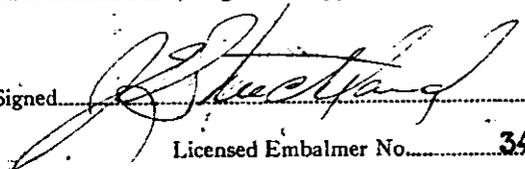
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of #

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.

Registration District No. **838**

Primary Registration District No. **4509**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Dexter**
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Sally Jane Noell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years **73**

Months **5**

Days **21**

If less than one day _____ h. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **13**
year **1960** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**

Senility chr nephritis and the myocarditis due to several years duration

Other conditions **Recovering from a fractured humerus**

Major findings: _____
Of operations _____

Of autopsy **121**

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?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

On June 9-1940 Mrs. Noll fell off the front
steps of her home and struck her shoulder on
some planking which bordered a flower bed.
She sustained a simple fracture of the humerus
(through the head). Union took place with no
deformity and practically perfect function of
the arm was obtained. I think that the
fracture had little to do with her death except
that it was just one more debilitating inflex
which added to her other chronic ills was
sufficient to hasten her death.

Frank Barber