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7-39

DEC 18 1940 508

Primary Registration District No. **3676**

Registrar's No. **147**

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Sampsel
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10 miles N. W. Chillicothe, Mo.
(If not in hospital or institution, write street number or location)

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

In this community 63 years
years, months or days) 2

3. (a) PRINT FULL NAME Malinda Alice Noah

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 25 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>21</u>	hr. min.

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Noah

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

14. Maiden name Antmyra Lugenbeal

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

16. (a) Informant S. A. Noah

(b) Address R. R. 3 Chillicothe, Mo.

17. (a) Burial (b) Date thereof 11-17-'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Mo.

19. (a) 11-17-40 (b) H. M. Bruce, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 10 miles N. W. Chillicothe
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 16 day _____
year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 7-1940
_____, 19____, to Nov 16, 19____
that I last saw her alive on Nov 16, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bacterial)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. L. Duvall (M. D. or other) _____
Address Chillicothe, Mo. Date signed 11-17-40

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

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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