No. 2
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X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2079

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 50

1. PLACE OF DEATH:
(a) County: CAPE GIRARDEAU
(b) City or town: CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SOUTH-EAST MISSOURI HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MISSISSIPPI
(c) City or town: CHARLESTON (If outside city or town limits, write "RURAL")
(d) Street No.: W. COMMERCIAL ST. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: MISS BETTY NOBLE
3. (b) If veteran, name war: X X X
3. (c) Social Security No.: X X X
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: X X X
6. (c) Age of husband or wife if alive: X X years
7. Birth date of deceased: UNKNOWN (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
ABOUT 84	X	X	hr. min.

9. Birthplace: RICHMOND (City, town, or county) VIRGINIA (State or foreign country)
10. Usual occupation: FARM MANAGEMENT
11. Industry or business: FARMING
FATHER
12. Name: J. E. NOBLE
13. Birthplace: RICHMOND (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name: LAURA ANN VAUGHN
15. Birthplace: RICHMOND (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant: EDWARD F. PINCHBECK
(b) Address: 1066 N. 2ND ST., MEMPHIS, TENN.
17. (a) REMOVAL + BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation: HICKMAN, KENTUCKY
18. (a) Signature of funeral director: Faire-Nunnelee
(b) Address: CHARLESTON, MISSOURI
19. (a) 1-28-41 (Date received by local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 27 year 1940 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from 1-20-41, 1941, to 1-27-, 1941; that I last saw her alive on 1-26-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2 wk.
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: Paul B. Nussbaum (M. D. or other) (1)
Address: Cape Girardeau Mo Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston

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

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