

S. No. 2  
4-13-40  
v. 5-17-39  
I X23

FILED MAR 19 1941 763

Registration District No. \_\_\_\_\_

Primary Registration District No. 6006

State File No. \_\_\_\_\_

Registrar's No. 3

1. PLACE OF DEATH

(a) County St. Clair  
(b) City or town Rural Chock Level  
(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 11 years  
years, months or days

2. USUAL RESIDENCE, OF DECEASED:

(a) State Missouri (b) County Nemur  
(c) City or town Laury City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ARTHUR JAMES NOAKES

(b) If veteran, name war unknown (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Lwa 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months \_\_\_\_\_ Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Commodore Noakes

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

14. Maiden name Tabitha Howard

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

16. (a) Informant Leah De Noakes

(b) Address Laury City Mo.

17. (a) Burial (b) Date thereof Feb 21 1941  
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Missouri

19. (a) 2/26 1941 (b) Sophia Stratton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19<sup>th</sup>  
year 1941 hour 8:00 minute 45 M.

21. I hereby certify that I attended the deceased from 1-29-41 to Feb 19 1941  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Ch

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. H. Liles (M. D. or other) \_\_\_\_\_  
Address Appleton City Mo Date signed 2-20-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

93  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 3-11-516

Date Filed 2-11-41

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

*Fred Wickham*

Licensed Embalmer No. 7478

P. O. Address Clinton 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, fact should be so stated above.