MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15580

Registration District No. 705 Primary Registration District No. 534 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Polk

(b) ~~City or town~~ Halfway (Rural) S. Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 miles South of Halfway R.F.D. #2
(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) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Halfway (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles South of Halfway 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Darel Grant Noyes

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Oct (Month) 8 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
0	5	19	..... hr. ..... min.

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

10. Usual occupation Child

11. Industry or business Child

FATHER
12. Name Estel Noyes
13. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Golden Grant
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Estel Noyes
(b) Address Halfway Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director White - Erwin
(b) Address Bolivar, Mo.

19. (a) Apr. 15-41 (Date received local registrar) (b) Mary Gamel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27, year 1941 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1941 to March 27, 1941; that I last saw him alive on March 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Whooping cough	2 wks
Bronchial Pneumonia	1 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)
6 34 While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 0
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-7141
Date Filed 5-5-46

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 w the above constitutes grounds for revocation of license.)

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