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4-41
7-39
X26390

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. _____

FILED JUL 11 1943

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 52 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ✓
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1410 Wall St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1941 hour 12 Noon minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on June 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart dilatation
Duration _____

Due to chronic nephritis & myocarditis
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1318

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? _____

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Signature _____ (Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature _____ M. D. or other _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Bertha Noel

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Noel 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 8 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James M. Rackley

13. Birthplace No Record 7

14. Maiden name Angeline Gearhart

15. Birthplace No Record 9

16. (a) Informant Carl Rackley (son)

(b) Address Washington

17. (a) Burial (b) Date thereof 6-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Herbert Lind Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 6-9-41 (b) Ed J. Jansz
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

41-7-595

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 *Sam E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.