

FILED NOV 9 1942
449

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 years 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5331 Highland
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK NOBLE

3. (b) If veteran, name war No Record

3. (c) Social Security No. No Record

4. Sex Male 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 November 23 1867
(Month) (Day) (Year)

8. AGE: Years 74-75 Months 10 Days 39 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Noble

{ 13. Birthplace No Record
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary No Record

{ 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Sister St. Sheila

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 10-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Robins

(b) Address 20 West Linwood

19. (a) 10/22/42 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1942 hour 4:07 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to Oct 21, 1942
that I last saw him alive on Oct 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertensive Heart Disease

Due to Arterio Sclerosis several years

Other conditions _____
(Include pregnancy within 3 months of death) 92.5

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John T. Skinner (M. D. or other) MD
Address 1402 Bryant Bldg. Date signed 10-22-42

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

48
800

IN. E. 10

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..... *Charles M. Quinn*

Licensed Embalmer No..... *3974*

P. O. Address..... *K. C. 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.