S. No. 2
M—9-4-41
v. 5-17-39
I X29484

17
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6812

FILED MAR 7 1944

Registration District No. 5 Primary Registration District No. 5204 Registrar's No. 4

1. PLACE OF DEATH:

(a) County CARROLL

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

(c) Name of hospital or institution: 1. Rochester Mo (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL 17 0

(c) City or town Bosworth Mo (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John R. Noble

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife LEONA S. Noble

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 4 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

FATHER
12. Name Columbus Noble
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Susan Harden
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Leona S. Noble

(b) Address Bosworth Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation WINFREY

18. (a) Signature of funeral director David J Edwards

(b) Address Bosworth Mo.

19. (a) 2-24-1944 (Date received local registrar) (b) Hester Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 1-43, 1943 to Feb 23, 1944 that I last saw him alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma

Duration.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95c2

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 0

23. Signature [signature] (M. D. or other) Feb 24

Address Bosworth Date signed Feb 24

861 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-6-77

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 David J Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.