

**FILED MAR 14 1944**

Registration District No. **177** Primary Registration District No. **4186** Registrar's No. **2**

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

**1. PLACE OF DEATH:**  
 (a) County **FRANKLIN**  
 (b) City or town **SULLIVAN, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **NORTH SIDE HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20 days**  
(Specify whether years, months or days) **Jeans**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **Franklin** **36**  
 (c) City or town **Sullivan** **7**  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Anthony F. Noser**  
 (b) If veteran, name war **NO** (c) Social Security No. **NAHE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **February** day **12th**.  
 year **1944** hour **11** minute **10 P. M.**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **Lucinda G. Noser** **6. (c) Age of husband or wife if alive** **72** years  
**7. Birth date of deceased** \_\_\_\_\_  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Jan. 25th. 44**  
 \_\_\_\_\_, 19**44** to **Feb. 12th. 44**, 19**44**;  
 that I last saw him alive on **February 12th?**, 19**44**;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Intestinal Cancer**

**8. AGE:** Years **71** Months **9** Days **27**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**9. Birthplace** **Pittsburg Pa.** **PA**  
(City, town, or county) (State or foreign country)

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

**10. Usual occupation** **FARMER**  
**11. Industry or business** **None**  
**12. Name** **Anthony Noser**  
**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **MARY J. MILLER**  
**15. Birthplace** **Switzerland**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **J. A. NOSER**  
**(b) Address** **3204 1/2 Bailey St. St. Louis, Mo.**  
**17. (a) Burial** **(b) Date thereof** **Feb. 15-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Catholic Cemetery**  
**18. (a) Signature of funeral director** **J. J. Williams**  
**(b) Address** **Sullivan, Mo.**  
**19. (a) Feb. 12 1944** **(b) Robert Gillhaus**  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**23. Signature** **Samuel R. Barwood** (M. D. or other)  
 Address **Sullivan, Mo.** Date signed **2/14/44**

JAN 5 1950

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-13-44

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 J. J. Williams  
Licensed Embalmer No. 427  
P. O. Address Sullivan 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.