

FILED JUL 29 1944

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 152

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number and location) Six weeks
(d) Length of stay: In hospital or institution. (Specify whether)
In this community (years, months or days)

3. (a) PRINT FULL NAME

Jeanette Noblett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 29 years (Month) (Day) (Year)

7. Birth date of deceased

6

29 1931

8. AGE:

Years 12

Months II

Days 27

If less than one day

9. Birthplace

Vienna, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

James Noblett

MOTHER FATHER { 12. Name

Vienna, Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Clayds Bell

15. Birthplace

Stickney, Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant

James Noblett

(b) Address

Vienna, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

6 28 44

(c) Place: burial or cremation

Vienna, Mo.

18. (a) Signature of funeral director

(b) Address

19. (a) July 5, 1944

(Date received by local registrar)

(b) Marna Richter

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vienna, Mo.
(c) City or town Vienna, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 18 1944 to June 26 1944

that I last saw her alive on June 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Appendicitis - acute
Generalized peritonitis
Due to perforation in P.O.
intestinal obstruction

fecal fistula
Other conditions (Include pregnancy within 3 months of death)

Major findings: Plastic peritonitis
Of operations from rupt. appendix

Of autopsy intestinal obstruction

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 7/21/44
(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)

23. Signature A. Ossman (M. D. or other)

Address Jefferson City Date signed 6-27-44

194

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Recd. 7-19-44.....

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.....

A. C. Birmingham

Licensed Embalmer No. *3667*

P. O. Address.....

Overly, Md.

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.