

No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1849
Registrar's No. 76

FILED FEB 13 1945

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural St. Joseph Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10th & Mason Ave.
(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 three months /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(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 Robert W. Noble

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 Jan. 12, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	0	6	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John D. Noble

13. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lorania Hurst

15. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Moore

(b) Address 10th & Mason Ave

17. (a) Burial (b) Date thereof Jan. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director Charles M. ...

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 1-20-45 (b) Green J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1945 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from 12/1/45
to 1/18/45
that I last saw him alive on 12/15/45
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles ... M. D. or other _____
Address ... Date signed 1/18/45

1877

(Licensed Embalmer's Statement on Reverse Side)

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

Deceased

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 1/18/45

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Emil Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.