

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10036**  
Registrar's No. **H**

Registration District No. **186**

Primary Registration District No. **5693**

**1. PLACE OF DEATH:**

(a) County... Livingston

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

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...  
In this community... 3 years.  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State... Missouri (b) County... Livingston <sup>59</sup>

(c) City or town... Blue Mound  
(If outside city or town limits, write "RURAL")

(d) Street No... None  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Anna Sterling Noah

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 Widowed

6. (b) Name of husband or wife... David Noah

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

7. Birth date of deceased... June 19 1872  
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>73</u>	<u>8</u>	<u>18</u>	hr. min.

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

10. Usual occupation... At Home

11. Industry or business...

MOTHER FATHER

12. Name William C. Sterling

13. Birthplace... Springhill Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name... Isabelle Nave

15. Birthplace... Springhill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Fern Dillard

(b) Address... Blue Mound, Missouri

17. (a) Burial (b) Date thereof... 3-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Mt. Pleasant Cemetery

18. (a) Signature of funeral director... Normen Funeral Home

(b) Address... Chillicothe Missouri

19. (a) Mar. 11, 1946 (b) Artis Cunningham  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 7th  
year 1946 hour... minute... M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Mar 7 1946  
that I last saw him alive on Mar 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocarditis unknown

Due to... Myocarditis unknown

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
Of operations... 938  
Of autopsy...

Duration 4 years

**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...

23. Signature... Dr. Callen (M. D. or D. O.)  
Address... Chillicothe Mo Date signed 3/8/46

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

8962

170

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Elton F. Norman ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Elton F. Norman .....

Licensed Embalmer No. 4036 .....

P. O. Address..... Chillicothe, 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.**