. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12124

Registration District No. FILED MAR 28 1947

Primary Registration District No. 3075

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: /
(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 Missouri (b) County Stoddard 103

(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Arthur Leander Noell,

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lelia Noell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 9. 1887 (Month) (Day) (Year)

8. AGE: Years 60 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Dexter, Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Saleman

11. Industry or business .....

FATHER
12. Name W. K. Noell 0
13. Birthplace Dexter, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Vaught
15. Birthplace ..... Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Winnifred Dodge,
(b) Address Dexter, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 93.15.47. (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 3/19-47 (Date received local registrar) (b) Margaret Privett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 3/18/46 ....., 19....., to ....., 19.....;
that I last saw him alive on Mar 13, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Cardio. Vascular renal disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

93D

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)
Address Dexter Mo. Date signed 3/17/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342-435
Date Filed 3-25-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.