

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH.

21110

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2560

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
47 years
(Specify whether years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Noel
 3. (b) If veteran, name war. no
 3. (c) Social Security No. 499-16-3601

4. Sex MALE 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Mary Noel
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 8, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 4
If less than one day hr. min.

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

10. Usual occupation Nightwatchman

11. Industry or business _____

12. Name Samuel Noel

13. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Johnson

15. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. P. Kemerer

(b) Address Pittsburg, Pa.

17. (a) removal (b) Date of death 6-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrolton, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C., Mo.

19. (a) 6-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1619 Genesee
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1947 hour 2 minute 04 A. M.

21. I hereby certify that I attended the deceased from June 9, 1947, to June 12, 1947,
 that I last saw him alive on June 12, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia-Lung abscess-
 diabetes

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy See above

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 [Signature] (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 6-12-47

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

See instrument

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 *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address *918 B road*
K. C., 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.