

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8769

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Jackson, Prairie		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Tenderloin, Rural, 42		c. CITY (If outside corporate limits, write RURAL and give township) Tenderloin, Missouri	
c. LENGTH OF STAY (in this place) 9 years		d. STREET ADDRESS (If rural, give location) Jackson County Home, Rural, 42	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home			

3. NAME OF DECEASED (Type or Print) Georgia	a. (First)	b. (Middle)	c. (Last) Noble	4. DATE OF DEATH (Month) (Day) (Year) 3-13-1949
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5. SEX Female	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH UNKNOWN	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dent. Iowa	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Dent. Iowa	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Jacobson County Home Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive High Blood P.		INTERVAL BETWEEN ONSET AND DEATH 24hr 24hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Hypertensive Heart		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22: I hereby certify that I attended the deceased from June 1, 1949, to Feb 12, 1949, that I last saw the deceased alive on Feb 12, 1949, and that death occurred at 50 m., from the causes and on the date stated above.

23a. SIGNATURE D. H. Gaffner	(Degree or title)	23b. ADDRESS Deer Creek Rd, Independence	23c. DATE SIGNED 2/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-1949	24c. NAME OF CEMETERY OR CREMATORY LINCOLN E.M.	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 2-21-49	REGISTRAR'S SIGNATURE Donald C. Earnshaw	378	25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN	ADDRESS 1708 Tracy Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 44209

P. O. Address 2500 Park Ave

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.