

FILED JUL 31 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 536

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 766 W. Elm /  
(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 Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 766 W. Elm 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 6  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Noe

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1945 hour 2:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from JUNE 2  
1945 to JULY 6 1945  
that I last saw h. alive on JULY 5 1945  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife C. G. Noe

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

7. Birth date of deceased Feb. 17, 1865  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Good

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace UNK Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Edens

{ 13. Birthplace UNK UNK /  
(City, town, or county) (State or foreign country)

{ 14. Maiden name UNK

{ 15. Birthplace UNK UNK /  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. John Holmes

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-9-45 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. Handley (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed July 11, 1945

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

9  
2  
6

984

41

AUG 20 1945

**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.....

*L. Parker Gorman*

Licensed Embalmer No. *3177*

P. O. Address.....

*Springfield*

**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.**