

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43243

JAN 12 1940

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 97

1. PLACE OF DEATH:
 (a) County Dent
 (b) City or town Salem
 (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 XXX
 In this community most of her life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dent
 (c) City or town Salem
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary MC Noser
 8. (b) If veteran, name war XXX
 8. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 15
 year 1939 hour 10 minute 50 A. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Eli Noser
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased: April 15 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 7 1939 to Dec 15 1939
 that I last saw her alive on Dec 15 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 8 0 hr. min.

Immediate cause of death Chronic Myocarditis 5 yrs
 Due to Diabetic Mellitus
 Due to Diabetic Mellitus 10 yrs

9. Birthplace Parr Co Ky
 (City, town, or county) (State or foreign country)

Other conditions Family of 5
 (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business XXXX

12. Name R J Bowman

18. Birthplace _____ KY
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Peeden

15. Birthplace _____ KY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eli Noser

(b) Address Salem, Mo

17. (a) 12/18/39 (b) Date thereof 12/18/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Carl K. Gencer

(b) Address Salem, Mo 2411

19. (a) December 18 1939 (b) F. E. Battle M.D.
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings: None
 Of operations None
 Of autopsy None
 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 Long H Hunt M.D. (M. D. or other) _____
 Address Salem, Mo. Date signed 12/18/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

 , Registered Apprentice No.
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1406

Date Filed 11040

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.