

Registration District No. 116

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH: GREENE  
(a) County: GREENE  
(b) City or town: Springfield  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Greene  
(c) City or town: Springfield  
(d) Street No.: 2354 N. Willow  
(e) If foreign born, how long in U. S. A. ? years.

In this community \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME: DAUGHTER OF MR + MRS. ROY NOBLETTE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Sept day: 23 year: 1940 hour: 11:17 minute: P. M.

3. (b) If veteran, name war: Infant  
3. (c) Social Security No: None  
5. Color or race: Female White

21. I hereby certify that I attended the deceased from 9/23, 1940, to 9/23, 1940 that I last saw her alive on 9/23, 1940 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife: Infant  
6. (c) Age of husband or wife if alive: 12 years  
7. Birth date of deceased: Sept 12 1940 (Month) (Day) (Year)

Immediate cause of death: Premature Birth near 7th mo.  
Due to: unknown

8. AGE: Years: 0 Months: 0 Days: 3 hr. 30 min. If less than one day

Other conditions: none  
Major findings: Of operations: none  
Of autopsy: none

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

10. Usual occupation: Infant

11. Industry or business: Infant

12. Name: Roy E. Noblette

13. Birthplace: Unknown, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Roy E. Noblette  
(b) Address: 2354 N. Willow

17. (a) Burial (b) Date thereof: Sept 24 1940 (Month) (Day) (Year)

18. (a) Signature of funeral director: [Signature]  
(b) Address: [Address]

19. (a) Date received local registrar: Sept 24 1940 (b) Registrar's signature: W. E. Handley, M.D.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(e) Means of injury

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

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**