

JAN 21 1940
Registration District No. **620**

Primary Registration District No. **3031**

Registrar's No. **161**

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 5 da.
In this community 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville (Rural)
(d) Street No. 4 mi. N. and 1 mi. East.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ELLA FANNIE NOAKES.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married.
6. (b) Name of husband or wife William J. Noakes 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. 17, 1890.

8. AGE: Years 50 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Albion, nebr.

10. Usual occupation Housewife.

11. Industry or business on Farm

12. Name Wm. H. Lilly

13. Birthplace Penn.

14. Maiden name Cynthia Jane Bowman.

15. Birthplace Mo.

16. (a) Informant Wm. J. Noakes.

(b) Address Maryville Mo. (Rural)

17. (a) Burial (b) Date thereof Dec 24, 1940

(c) Place: burial or cremation Hopkins Mo.

18. (a) Signature of funeral director John W. Price.

(b) Address Maryville Mo.

19. (a) 12-23-40 (b) Mamie E Clardy

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22. year 1940 hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from December 16th 1940 to December 22, 1940 that I last saw her alive on Dec 21-1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Severe Enteritis from food poisoning.

Other conditions (Include pregnancy within 3 months of death)

Major findings: General Peritonitis.
Of operations _____
Of autopsy

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? 55th (Specify type of place) _____

23. Signature Thos. P. Bell (M. D. or other) 11/12/23/40

Address Maryville Mo. Date signed _____

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

4
7

197-
19

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 John W. Price
Licensed Embalmer No. 3229.
P. O. Address Maryville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 433#1⁷

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 625

Primary Registration District No. 3031

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Maryville
(If outside city or town limits write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ella Fannie Noakes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 50 Months 3 Days 8 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Dec day 22 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis
Severe Enteritis from food poisoning
No special food - a general
toxaemia from eating too
heavily of foods

Major findings: Of operations _____ Of autopsy _____

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? _____

23. Signature Chas T Bell (M. D. or other) _____
Address Maryville 2nd Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-43341