S. No. 2
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5-17-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7550

Registration District No. 2 Primary Registration District No. 5731 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Maries
(b) City or town: Vienna Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson Hosp
(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: Mo (b) County: Maries
(c) City or town: Vienna Mo
(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: Thomas Jefferson Nablett
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jane Nablett
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: Aug (Month) 14 (Day) 1859 (Year)

8. AGE: Years 81 Months 5 Days 24 If less than one day 4 hr. 35 min.

9. Birthplace: ✓ (City, town, or county) California (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ✓
FATHER 12. Name: Ira Nablett
13. Birthplace: ✓ (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Pieline Cohn
15. Birthplace: ✓ (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs J Hutchison
(b) Address: Vienna Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Vienna Mo
18. (a) Signature of funeral director: H. C. Burningham
(b) Address: Vienna Mo
19. (a) Feb 25, 1941 (Date received by local registrar) (b) Mrs. Lewis Eaka (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1941 hour 6:30 minute ✓ M.
21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...; that I last saw him alive on ✓, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to death in Her Home ✓ — Duration
Due to: ✓
Due to: ✓
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Vienna Mo Date signed Feb 10 '41

(Licensed Embalmer's Statement on Reverse Side)

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95

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7550

Registration District No. 542 Primary Registration District No. 5731 Registrar's No. 16

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Vienna
(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 years, months or days)

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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Noblett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
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 81 Months 5 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Burned to death in their Home
Due to house Burned
Accidental
Due to Cause for unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Yes
(b) Date of occurrence Feb. 8, 1941
(c) Where did injury occur? Vienna Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in ~~industrial place, in public place~~? Yes (Specify type of place)
While at work? No (e) Means of injury —
23. Signature D. L. Jones (M. D. or other)
Address Vichy Date signed 2/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.