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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19702
State File No. 17405

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 154

1. PLACE OF DEATH:
(a) County SALLAWAY
(b) City or town FULTON
(c) Name of hospital or institution: STATE HOSPITAL No. #1
(d) Length of stay: In hospital or institution 5 Mon 23 days
In this community years, months or days

3. (a) PRINT FULL NAME AMBROSE D. NOE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NAME

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced 3 DUANE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 20 1876

8. AGE: Years 64 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Agent

11. Industry or business Life Insurance Co.

12. Name THOMAS NOE
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name LOUISE LAWSON
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address

17. (a) Removal (b) Date thereof May 27, 1941
(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director DEBERRY
(b) Address Kirksville MO 106

19. (a) May 27, 1941 (b) R. N. Creever
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ADAIR
(c) City or town KIRKSVILLE
(d) Street No. 0
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 26 year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1941 to May 26, 1941

that I last saw him alive on May 26, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death BRONCHU PNEUMONIA

Due to Syphilo-Meningo Encephalitis 15 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 30 13

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?
(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 J. J. Blacko (M. D. or other)
Address Sallaway Hospital Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

14
1
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Fulton, Mo.

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 DEE Rely

Licensed Embalmer No. 1181

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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