

Registration District No. 314 Primary Registration District No. 4190 Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Kentucky

(b) City or town Stanherry, MO
(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 49 years
(Specify whether)

In this community 49 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Kentucky

(c) City or town Stanherry
(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.? 0 years.

3. (a) PRINT FULL NAME Mrs H. DORANCE Dinah Noel

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex W 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Wall Noel

6. (c) Age of husband or wife if alive 49 years
(Month) (Day) (Year)

7. Birth date of deceased July 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 A.
year 1941 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from March 3-1938
_____ 19____ to May 24 1941,
that I last saw her alive on May 23rd 1941;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>11</u>	<u>19</u>	<u>✓</u> hr. <u>✓</u> min.

Immediate cause of death Carcinoma of breast

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name V. S. Chilton

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

14. Maiden name Elizabeth WILSON

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant W. A. Noel

(b) Address Stanherry, MO

17. (a) burial (b) Date thereof 5/20/41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanherry

18. (a) Signature of funeral director F. A. Phillips

(b) Address Stanherry, MO

19. (a) 5/24/41 (b) S. Bernier
(Date received local registration) (Registrar's signature)

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?
at home

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. J. Willigant or other _____

Address Stanherry, MO Date signed 5-25-41

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.