S. No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35767

Registration District No. 676 Primary Registration District No. 5900 Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Phelps Co.
(b) City or town: Rural Liberty Twp. (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 years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Phelps 81
(c) City or town: Newbury (If outside city or town limits, write "RURAL") 1
(d) Street No. ..... (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Nora Levona Gobel
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ottis Gobel
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec (Month) 25 (Day) 1876 (Year)

8. AGE: Years 64 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: Phelps Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housework
11. Industry or business .....
FATHER
12. Name: J W Harris
13. Birthplace: ~~Sarah~~ (City, town, or county) / Ky (State or foreign country)
MOTHER
14. Maiden name: Sarah Brown
15. Birthplace: (City, town, or county) / Tenn (State or foreign country)
16. (a) Informant: Frank Gobel
(b) Address: Vessie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Coon Creek
18. (a) Signature of funeral director: Lee Johnson
(b) Address: Newbury Mo
19. (a) 9/10/41 (Date received local registrar) (b) Lee Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1941 hour 6 minute 4 M.
21. I hereby certify that I attended the deceased from Sept 10 1941; that I last saw h alive on no date 19 ..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Embolus	
Due to: —	
Due to: 94a	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations:	
Of autopsy: No	

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: D

23. Signature: R L Spencer (M. D. or other)
Address: Newbury Mo Date signed .....

9/10/41 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Health Officer No. 5,
[illegible] 10412040
Date Filed _____

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.