

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 446

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2051 N. Kellett /  
(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 Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 2051 N. Kellett  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie Ottis Noblitt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
1942 hour 10 minute 30 P.M.

3. (b) If veteran, name war World War

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Edna Leona Noblitt 6. (b) Single, widowed, married, divorced Married

7. Birth date of deceased: January 4 th, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1941 -  
intermittently 1942 to June 15 - 1942  
that I last saw him alive on June 15th 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 5 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Tuberculosis of the lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration Several years

9. Birthplace Boaz - ~~State~~ Mo. 0  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business None

{ 12. Name James D. J. Noblitt

{ 13. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Matilda Ann Peebles

{ 15. Birthplace Unknown Ill. /  
(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 James A. Noblitt

22. If death was due to external causes, fill in the following:

(b) Address 2037 N. Franklin

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof June 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial Mt. Comfort Cemetery

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director Dunn Funeral Home,

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 629 W. Walnut, Springfield, Mo.

23. Signature D. F. Yoell (M. D. or other) 790

Address 234 1/2 - Commercial Date signed 6/14/42  
Springfield, Mo

984

JUL 13 1944

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**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 *Lawrence P. Hill*

Licensed Embalmer No. *2784*

P. O. Address *Springfield, 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.**

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