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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 66

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: 328 Rand St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 47 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 328 Rand St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Wilhelmina Marie Noelker.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or ~~xxx~~ Martin J. Noelker.

6. (c) Age of husband ~~xxx~~ if alive deceased years

7. Birth date of deceased June (Month) 13th, (Day) 1895. (Year)

8. AGE: Years 47 Months 0 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Neier, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name Louis Huxel.
13. Birthplace Neier, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Barbara Augustine.
15. Birthplace Washington, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Mrs. Mary Anna Crum
(b) Address 328 Rand St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Dittl Inc
(b) Address Washington, Mo. L.H. Vitt

19. (a) July 4th '42 (Date received local registrar) (b) Lucille Kuelker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd, year 1942. hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from February 3, 1941, 19..., to July 2, 1942, 19..., that I last saw er alive on July 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of uterus,	2 yrs
cancer of right ovary	2yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 P

Major findings:
Of operations Carcinoma involving uterus, right ovary
Of autopsy

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 2

23. Signature C. C. Tenner (M.D. or other) D.O.
Address Washington Mo Date signed 7/3/42

1181

(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~~ me

~~Registered Apprentice No.~~

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2387

P. O. Address Washington, 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.