S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28354

Registration District No. 736 Primary Registration District No. 6131 Registrar's No.

101
0
0

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Rural Teresita Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe
1 Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 31 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101
(c) City or town Teresita Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Jessie Noggoner

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 Married 1

6. (b) Name of husband or wife H.H. Noggoner 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct 26 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Peace Valley Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Silas Bennett
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellie Williams
15. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

16. (a) Informant H.H. Noggoner
(b) Address Teresita Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director John F. Duncan
(b) Address Mountain View Mo.

19. (a) 2-23-42 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1942 hour 6 minute 30 a.M.

21. I hereby certify that I attended the deceased from —
—, 19__, to —, 19__
that I last saw h— alive on —, 19__
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature R. I. Davis (M. D. or other)
Address Birch Tree Mo Date signed 2/23/42

744

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942723
Date Filed 9-10-42

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~~ Joe R. Duncan, Registered Apprentice No. 301, working under my personal supervision.

Signed John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mt View 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.