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FILED JAN 19 1943
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kan City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 6 hrs**
(Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kan City**
(If outside city or town limits, write "RURAL")
(d) Street No. **211 West 15**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Noel**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ray Noel** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Jul 17 - 1897**
(Month) (Day) (Year)

8. AGE: Years **45** Months **10** Days **17** If less than one day hr. _____ min. _____

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

10. Usual occupation **Artist**

11. Industry or business _____

12. Name **Lucinnette Noel**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Coroner office**

(b) Address **Kan City Mo**

17. (a) **Burial** (b) Date thereof **1-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Hilfman**

(b) Address **1-13-43**

19. (a) **1-13-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**
year **1943** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **19** _____
Coroner _____ 19 _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death **2nd + 3rd degree burns**

Due to **Burns turned down**

Due to _____

Other conditions. (Include pregnancy within 3 months of death) **180**

Major findings: Of operations _____

Of autopsy **Inspection**

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) **accidental 123**

(b) Date of occurrence **1/4/43**

(c) Where did injury occur? **R.C. Mo - Jackson Co.**
(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 **burned down**

23. Signature **[Signature]** _____ (M. D. or other)

Address **R.C. Mo.** _____ Date signed **1/5/43**

REPRODUCING THIS BACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 19 1943

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..... *Harry Bergman*

Licensed Embalmer No. *2041*

P. O. Address *T.C. M 6*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE OF MICHIGAN DEPARTMENT OF HEALTH

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FILED JAN 22 1943

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No.) St. Ward)

File No. 1263
Registered No. 186

2. FULL NAME

William Noel

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
FATHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE 19.....				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>1-13</u> <u>43</u> <u>Jr. M. Brown</u> 19..... Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1943

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Forwarded 1/15/43
Date of case

Other contributory causes of importance: 10/11

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

