

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9227
State File No.
1173
Registrar's No.

FILED MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1173

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community 3.8 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 25 East 32nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edna Noyes

3. (b) If veteran, name war no

3. (c) Social Security No. 486-09-3166

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Wilber Smith Noyes

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 18 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>6</u>		hr. min.

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

10. Usual occupation Seamstress

11. Industry or business Fashion Clothing Co.

12. Name William Collins

13. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

14. Maiden name Agnes McEntyre

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

16. (a) Informant Mrs. Oliver Noyes

(b) Address 4310 Charlotte

17. (a) Cremation (b) Date thereof March 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. Newcomer

18. (a) Signature of funeral director D.W. Newcomer

(b) Address 1401 Birch Creek Blvd

19. (a) 3-8-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1943 hour 12 minute 35 A.M. or P.M.

21. I hereby certify that I attended the deceased from 3-1-43 to 3-7-43
that I last saw her alive on 3-7-43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to 82a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Clark W. Seely, M.D. (M.D. or other)
Address Med. Dir. K.C. General Hospital Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *C Hervey Guseuherry*
Licensed Embalmer No. *4070*
P. O. Address *K C ma*

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.