. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13761

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 415

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 1/2 E. Louis (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 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 202 1/2 E. Louis (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RALPH E. Noell
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 28 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Harold Noell
13. Birthplace St. Joseph (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mozetta Combs
15. Birthplace St. Joseph (City, town, or county) (State or foreign country) 0
16. (a) Informant Mozetta Noell
(b) Address 202 1/2 E. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Country
18. (a) Signature of funeral director Ramsey & Son
(b) Address 1602 Messanie St Joseph Mo
19. (a) 3-27-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1943 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 23 Mar, 1943 to 25 Mar, 1943 that I last saw him alive on 25 Mar, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 2 da.
Due to
Due to 107
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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, or farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ely Stearns (M. D. or other)
Address St Joseph Mo Date signed 27 Mar 1943

1288

(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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed I. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messaine

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.