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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 8 1943

Registration District No. 9444

Primary Registration District No. 51385146

Registrar's No. 6111

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer, (Davis Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 66 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Braymer, (Davis Twp.)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRIET ESTHER NODDLE

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mid mt
_____ 19____ to _____ 19____
that I last saw hw alive on dead march 25, 1943
and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. H. Noddle 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: July 30, 1874
(Month) (Day) (Year)

Immediate cause of death Found dead a few minutes after entering path room. Apparently cerebral hemorrhage.

Due to Very high blood pressure for several years

Duration 5 min.

8. AGE: Years Months Days If less than one day

66 7 25 hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death)

E. A. Thompson MD Coroner

Major findings: _____

Of operations _____

Physician _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ansie Leslie

13. Birthplace Hallsport Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anneta Snyder

15. Birthplace Henry Co. Ill
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant W. H. Noddle

(b) Address Braymer, Mo

17. (a) Burial (b) Date thereof 3/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Bernard J Mead

(b) Address Braymer, Mo

19. (a) 3/26/43 (b) E. A. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Thompson Coroner (M: D. or other)

Address Preckenhatch Mo Date signed _____

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

1151

MAY 10 1948

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 Donald F. Mead
Licensed Embalmer No. 2801
P. O. Address. Braymer, 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.