

S. No. 2  
4-13-40  
7-5-17-30  
X27

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24506

Registration District No. 43

Primary Registration District No. 5136

Registrar's No. 217

1. PLACE OF DEATH:  
(a) County: Butler  
(b) City or town: Rural - New Dam  
(c) Name of hospital or institution: 5 mi N.E. Naylor 1  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo. (b) County: Butler  
(c) City or town: Rural - Newell  
(d) Street No.: 5 mi N.E. of Naylor  
(e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: MARY ELLEN NOAB  
(b) If veteran, name war: \_\_\_\_\_  
(c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 4  
year 1943 hour 12 minute 15 P.M.

4. Sex: female  
5. Color or race: white  
6. (a) Single, widowed, married: 2 divorced, widowed  
(b) Name of husband or wife: \_\_\_\_\_  
(c) Age of husband or wife if alive: \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Jan 42 to July 4, 1943  
that I last saw him or her alive on July 1, 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 24 1855  
(Month) (Day) (Year)

Immediate cause of death: Lake pneumonia  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_

8. AGE: Years 87 Months 11 Days 10  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: none recorded  
(Include pregnancy within 3 months of death)

9. Birthplace: Alamogordo Co. N.C.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: housewife  
11. Industry or business: \_\_\_\_\_  
12. Name: Frank Stout  
13. Birthplace: Alamogordo Co. N.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary E. Neigh  
15. Birthplace: Alamogordo Co. N.C.  
(City, town, or county) (State or foreign country)

Major findings: degenerate, full in tension  
Of operations: cardiopulmonary  
Of autopsy: none  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Joe Noab  
(b) Address: Newell, Mo.  
17. (a) Rural (b) Date thereof: July 5 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: King's Chapel  
18. (a) Signature of funeral director: M. J. ...  
(b) Address: Naylor, Mo.  
19. (a) 7-9-43 (b) Bella Kinne  
(Date received local registrar) (Registrar's signature)

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) Means of injury: \_\_\_\_\_  
23. Signature: H. E. ... (M. D. or other) \_\_\_\_\_  
Address: ... Date signed: 7/9/43

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

12000

RECEIVED

District Health Office No. 2,

District File Number 743-977

Date Filed 7-29-73

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**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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address Yaylor

**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.**