. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41198

Registrar's No. 5228

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: 506 BELLEFONTAINE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 55 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

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

(d) Street No. 506 BELLEFONTAINE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------ 0

3. (a) PRINT FULL NAME MRS. LAURA J NOYES

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. EVERETT A. NOYES

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

7. Birth date of deceased FEBRUARY (Month) 18 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	~~18~~ 20	hr. ____ min.

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

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name WILLIAM L. BARY
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name EVALINE NEWBANK
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant Mable M. Glass
(b) Address 506 Bellefontaine

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-11-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 8TH year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93d

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Magnetism & history

Duration

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, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature O. Hatch (M.D. or other) 12/9/43

Address Cen Date signed

(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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.