

Registration District No. 349

Primary Registration District No. 6185

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan Co.

(b) City or town Rural - Union Sup.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

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

(d) Street No. Near Green Castle
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME George Noble

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 9 minute AM

21. I hereby certify that I attended the deceased from June
1943, to Sept 1943
that I last saw him alive on Nov 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alma Noble

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 3 (Month) 9 (Day) 1881 (Year)

Immediate cause of death Sarcoma
pelvis - rt hip 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55

8. AGE: Years 62 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Marion Noble

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

14. Maiden name Emma Beagle

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Alma Noble

(b) Address Green Castle Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Mo.

(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? _____

18. (a) Signature of funeral director Thomas E. Shaw

(b) Address Green City Mo.

While at work? _____ (Specify type of place)

(e) Means of injury 0

19. (a) 3-1-1944 (b) Laupa Shaw deputy
(Date received local registrar) (Registrar's signature)

23. Signature R. Stippler (M. D. or other) MD

Address Kempville Mo Date signed 2-1-44

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

105
00

RECEIVED

District Health Officer No. 10

District File Number 3-44-447

Date Filed MAR 3 1944

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

Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address

Green City, 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.