

No. 2  
1-5-43  
5-17-39  
I X26672

State File No. ....

FILED APR 12 1944  
Registration District No. 586

Primary Registration District No. 4244

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
121 E. Hall St.  
(If not in hospital or institution, write street number or location)

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

In this community 40 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 121 E. Hall St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Noel

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Female White race

5. Color or race

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Aug 31 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Joe S. Bodwin

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

14. Maiden name Clatha

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Bredend

(b) Address Carterville Mo.

17. (a) Burial (b) Date there Mar 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Walt City and Co.

(b) Address Walt City and Co.

19. (a) Mar. 23 1944 Mrs. Filled Sage  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1944 hour 2:57 minute 0 M.

21. I hereby certify that I attended the deceased from 7-28  
1943 to MAR. 19 1944  
that I last saw her alive on MARCH 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

MYOCARDITIS

Due to \_\_\_\_\_

PERNICIOUS ANEMIA

Due to \_\_\_\_\_

Other conditions CIRRHOSIS OF LIVER  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 12421

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. M. Vance (M. D. or other) Do.  
Address CARTERSVILLE MO. Date signed 3-23-44

1180

44-8-297

05  
7681  
7751

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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.