

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29671

State File No.

7832

FILED SEP 18 1944 8

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Moberly - Missouri
(b) City or town Moberly - Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 617 Burkholzer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Noel - Louise Carolyn

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Earl Noel 6. (c) Age of husband or wife if alive About 48 years

7. Birth date of deceased July 19 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William E. Miller

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

14. Maiden name Caroline Auer

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

16. (a) Informant Mrs. Thomas Milburn

(b) Address 4060a Arsenal St.

17. (a) Removal (b) Date thereof 9-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director Albert HT Hoppe

(b) Address 4700 Washington Blvd

19. (a) SEP 11 1944 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th
year 1944 hour 7⁰⁰ minute pm M.

21. I hereby certify that I attended the deceased from August 9 1944 to Sept. 10th 1944
that I last saw her alive on Sept. 10th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death hepatic cirrhosis & renal failure Duration 3 mo.

Due to 12/4

Due to 12/4

Other conditions (include pregnancy within 3 months of death):

Major findings: Small, contracted nodular liver.
Of autopsy

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 0

23. Signature Dallas D. Anthony (M. D. or other)

Address BARNES HOSPITAL Date signed 9-10-44

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

2832

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Robert G. Kopp

..... Licensed Embalmer No. 2971

..... P. O. Address.....

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.