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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JAN 5 1946 STANDARD CERTIFICATE OF DEATH

41141

State File No.

Registration District No. 111

Primary Registration District No. 4183

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Pacific
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
(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 Missouri (b) County Franklin ³⁶
 (c) City or town Pacific ²
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? no ⁰ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Noble Eugene Wall
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec day 16
 year 1945 hour 4 minute 15 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 23 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29 1945 to Dec 16 1945
 that I last saw him alive on Dec 16 and that death occurred on the date and hour stated above. 1945

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>23</u>	hr. _____ min. <u>0</u>

Immediate cause of death Broncho Pneumonia
 Due to _____
 Due to _____

9. Birthplace Pacific (City, town, or county) (State or foreign country) 0
 10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Noble
 13. Birthplace Mo 0 (City, town, or county) (State or foreign country)
 14. Maiden name Margie
 15. Birthplace Mo. 1 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
107

16. (a) Informant Noble Eugene Wall
 (b) Address General Bunch
 17. (a) Date of death 12/19/45
(Month) (Day) (Year)
 (b) Date thereof _____
 (c) Place: burial or cremation Funerary Home

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 0
 (b) Date of occurrence _____
 (c) Where did injury occur? 0
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

18. (a) Signature of funeral director W. H. Henders
 (b) Address Pacific, Mo.
 19. (a) 12/18/1945 (Date received local registrar) (b) Grant B. Green (Registrar's signature)

While at work? _____ (e) Means of injury _____
 23. Signature W. H. Henders (M. D. or other) _____
 Address Pacific, Mo. Date signed 12/18/45

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

6
2
0

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-46

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

Geo. J. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific 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.