

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 522 Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Nora Allen

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 1 29 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Athletic

11. Industry or business

12. Name Malcomb Noel
13. Birthplace _____ (City, town, or county) Mo. Co (State or foreign country)
14. Maiden name Sarah Woods
15. Birthplace _____ (City, town, or county) Mo. Co (State or foreign country)

16. (a) Informant Ed. Noel
(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof Nov. 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Malcomb Noel

(b) Address Moberly, Mo.

19. (a) Nov 5-45 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

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. 522 Union
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1945 hour 3 minute 35 AM.

21. I hereby certify that I attended the deceased from Sept. 25 1945 to Nov. 3 1945
that I last saw her alive on Nov. 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 432

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 Paul Williams (M. D. or other) _____

Address Moberly, Mo. Date signed 11-5-45

RECEIVED
District Health Officer *NE MO*
District File Number *13-45-1892*
Date Filed *DEC-20-1945*

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 *Frank B. With*

Licensed Embalmer No. *3021*

P. O. Address *Proberly 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.