S. No. 2
M—8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7:45 - Missouri 2627

State File No.

FILED FEB 2 1946

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Washington Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 502 W. Third St. (If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country no.

3. (a) PRINT FULL NAME ROSE BARBARA NOELKE
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 Henry F. Noelke.
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January (Month) 15 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	1	hr. min.

9. Birthplace Morrison (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business —
MOTHER FATHER
12. Name Theodore Guertsen.
13. Birthplace Morrison (City, town, or county) Mo. (State or foreign country)
14. Maiden name Margaret Holz
15. Birthplace Morrison (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Miss Rose Mary Noelke.
(b) Address Washington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo.
18. (a) Signature of funeral director Otto Hoa
(b) Address Washington Mo
19. (a) 1/19/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1946 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 12, 1946, to Jan 16, 1946 that I last saw her alive on Jan 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 4605

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M. D.
Address 207 Jefferson Washington Mo. Date signed 1/17/46

79

(Licensed Embalmer's Statement on Reverse Side)

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

567

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed _____

FEB 4 1955

AUG 4 1954

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.....

Licensed Embalmer No. 2464

P. O. Address. Washington 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.