S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8759

Registration District No. 32 Primary Registration District No. 5188 Registrar's No. 45

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

7689

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town rural (Liberty Twp)
(If outside city or town limits, write "RURAL")

(d) Street No. Near Advance, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM NOBLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Noble

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 22, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	26	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Noble
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Smith
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mary Noble
(b) Address Advance, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director Leonard Morgan
(b) Address Advance, Mo.

19. (a) 4-6-46 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 11 minute 050 M.

21. I hereby certify that I attended the deceased from Dec 26 1945 to Jan 2 1946; that I last saw him alive on Jan 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach

Due to .....

Due to .....

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

Major findings:
Of operations 46 h

Of autopsy .....

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 R. C. Ritter, M.D. (M. D. or other)

Address Cape Girardeau Mo. Date signed 3-20-46

43 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 446-2015

Date Filed 4-13-46

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 Floyd S. Morgan, Registered Apprentice No. _____, working under my personal supervision.

Signed ~~3361~~ Floyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.