

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 570

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2101 South 3rd st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2101 South 3rd st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Rod William Noble

3. (b) If veteran, name war no

3. (c) Social Security No. 500-07-1498

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 10 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 22
If less than one day hr. min.

9. Birthplace Meade County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired teamster

11. Industry or business

William Noble

12. Name William Noble
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Brena Bunch

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

16. (a) Informant Mary Noble

(b) Address 2101 South 3rd st, St. Joseph,

17. (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo

19. (a) May 18 1946 (b) J. H. Hittchcock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 6:30 P. minute 2 M.

21. I hereby certify that I attended the deceased from 2 May 1946 to 2 May 1946
that I last saw him alive on 1 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris
Senility

Duration
1 Da.
1 Yr.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) none

(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) (d) Means of injury

23. Signature J. H. Hittchcock (M. D. or other)

Address St. Joseph, Mo Date signed May 18 1946

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

MOTHER FATHER

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.