S. No. 2
M—5-43
v. 5-17-39
p 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23738

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3068

1. PLACE OF DEATH:

(a) County: Jackson.
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 516 Bellefontaine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: since 1901

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson. 4x
(c) City or town: Kansas City. 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 516 Bellefontaine 0
(If rural, give location)
(e) Citizen of foreign country?: no. (Yes or No) 11
If yes, name country: x

3. (a) PRINT FULL NAME: Miss Jessie Noyes

3. (b) If veteran, name war: no.

3. (c) Social Security No.: NONE

4. Sex: female /

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: November (Month) 29 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 14 If less than one day: hr. min. 0

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: at home.

11. Industry or business: x

FATHER
12. Name: Franklin Noyes
13. Birthplace: Maine / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Smith
15. Birthplace: Tennessee / (City, town, or county) (State or foreign country)

16. (a) Informant: Augusta Noyes Sadler.
(b) Address: 516 Bellefontaine, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Los angeles, Calif

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) 7-13-46 (Date received local registrar) (b) Geraldine Helmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1946 hour 1 45 minute A. M.

21. I hereby certify that I attended the deceased from April 8 1946, to July 12 1946, that I last saw h alive on July 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 hrs
Due to: Hypertension — 2 yrs
Due to:
Other conditions (Include pregnancy within 3 months of death): 830
Major findings: Of operations:
Of autopsy:

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 L St Clair (M. D. or other)
Address: 1242 St Joe Date signed: 7/13

(Licensed Embalmer's Statement on Reverse Side)

Dr. StClair

AUG 8 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 Robert W Reed

Licensed Embalmer No. 3745

P. O. Address FC 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.