

FILED NOV 21 1946

Registration District No. **WD**

Primary Registration District No. **5143**

1. PLACE OF DEATH:

(a) County **BUTLER**
(b) City or town **RURAL - POPLAR BLUFF TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Twp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **9 years** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER 12**
(c) City or town **POPLAR BLUFF TWP - RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 1/2 MI. W. POPLAR BLUFF** 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GERALD DAVID NOON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **OCT 1 - 1937**
(Month) (Day) (Year)

8. AGE: Years **9** Months **1** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **POPLAR BLUFF MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business _____

MOTHER FATHER
12. Name **ERNEST NOON**
13. Birthplace **HARRISON CO IND**
(City, town, or county) (State or foreign country)
14. Maiden name **HELEN BLOODWORTH**
15. Birthplace **BUTLER CO MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Noon**
(b) Address **RFD #2 Poplar Bluff mo**
17. (c) **BURIAL** (b) Date thereof **NOV 7-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BLACK CREEK Cem.**

18. (a) Signature of funeral director **N.J. Phelps**
(b) Address **Poplar Bluff mo**
19. (a) **11-9-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **5**
year **1946** hour **8** minute **A. M.**
21. I hereby certify that I attended the deceased from **1 Sept 46**
_____, 19____ to **4 Nov.** 19____
(that I last saw him/her live on **4 Nov.** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchopneumonia
Due to **Hodgkins' disease**
Due to _____
Other conditions **Anemia**
(Include pregnancy within 3 months of death)
Major findings: **Cynilia Post M.D.**
Of operations _____
Of autopsy **44B**

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 **C. A. Post** (M. D. or other) _____
Address **Poplar Bluff mo** Date signed **8 Nov 46**

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

RECEIVED

District Health Office No. 2,

District File Number 1146-1347

Date Filed 11-15-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.