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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40948

FILED JAN 15 1947

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 425-

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence

(c) Name of hospital or institution:  
1220 South McCoy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 1220 South McCoy  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John E. Noble

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th  
year 1946 hour 1 minute 35 M.

4. Sex Male

5. Color or race White

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased Jan (Month) 1886 (Year)

I hereby certify that I attended the deceased from Nov 9 1946 to Dec 24 1946

that I last saw him alive on Dec 24 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 11 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary sclerosis  
Chronic endocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name J. R. Noble

13. Birthplace Ray Co. Missouri

14. Maiden name Margaret Jane West

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

92A

16. (a) Informant T. H. Noble

(b) Address 1220 South McCoy

17. (a) Removal (b) Date thereof 12-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Geo C. Carson

(b) Address Independence, Missouri

19. (a) 12-27-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address Independence, Mo Date signed 12/24/46

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

39261

MAR 25 1947

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**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 John Pauley  
Licensed Embalmer No. 4308  
P. O. Address Independence, 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.**