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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1947

Registration District No. 1267

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2000

Primary Registration District No.

State File No. 4567

Registrar's No. 149

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

9
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 hrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22

(c) City or town Rural - Brookline
(If outside city or town limits, write "RURAL")

(d) Street No. Brookline - R 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Archie Clyde Noe

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leona Noe

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased January (Month) 20 (Day) 1908 (Year)

8. AGE: Years 39 Months — Days 29 If less than one day hr. min.

9. Birthplace Nixa Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William T. Noe

13. Birthplace Christian Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Lydia Sanders

15. Birthplace Christian Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Herbert Noe (Brother)

(b) Address Spokane, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Manley

18. (a) Signature of funeral director J W Maples

(b) Address Clever Mo

19. (a) 2-18-47 (Date received local registrar) (b) W Z Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1947 hour 9:20 minute A.M.

21. I hereby certify that I attended the deceased from February 8, 1947, to February 18, 1947; that I last saw him alive on February 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 days
Due to: Chronic Nephritis & Hypertension	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma	16 years

Major findings:
Of operations: 131 B
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) 0 ✓

While at work? (e) Means of injury

23. Signature Dennis C Coffelt (M. D. ~~or other~~)

Address Springfield, Mo Date signed 2-18-47

(Licensed Embalmer's Statement on Reverse Side)

111

MAR 6 1947

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 J W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.