

Registration District No. 42

Primary Registration District No. 1000

**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:  
2002 Savannah Ave. 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 20 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Clinton Ambrose Noe

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 7 1860  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Morristown Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Mail Carrier

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Birdie Noe.

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena Mo. Cemetery

18. (a) Signature of funeral director Heaton - Bowman

(b) Address St. Joseph, Mo.

19. (a) 3-20-47 (b) H. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**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. 2002 Savannah Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 16  
year 1947 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 26 Aug, 1946, to 9 Jan, 1947  
that I last saw him alive on 9 Jan, 1947  
and that death occurred on the date and hour stated above  
(Death occurred on 16 March 47)

Immediate cause of death: Carcinoma of prostate with metastases

Due to arteriosclerosis heart disease with decompensation

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

Other conditions renal insufficiency secondary to CA  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 513

**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 0

23. Signature P. E. Potter (M. D. or other) M.D.

Address 415 Coby Bldg, St. Joseph, Mo. Date signed 17 Mar 47

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

MOTHER, FATHER

Duration

1 yr. (?)

2 yrs. 4 mos.

4 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

every body

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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..... *Eugene Wood* .....  
Licensed Embalmer No. *3804* .....  
P. O. Address *319 So 10th, 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.**