

No. 2
5-43
5-17-39
I X36671

FILED MAR 19 1947

Registration District No. 133

Primary Registration District No. 4205

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 year
years, months or days

3. (a) PRINT FULL NAME IRAL L NOBLE

3. (b) If veteran, LEADS name war _____

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 Bertie E Noble

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 7 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 4 27 hr. _____ min.

9. Birthplace Patterson MO
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Engineering

11. Industry or business _____

12. Name Louis Noble

13. Birthplace Patterson MO
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Watson

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

16. (a) Informant Bertie E Noble

(b) Address Hickman City MO

17. (a) Burial (b) Date thereof April 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickman Cemetery

18. (a) Signature of funeral director W D Haines

(b) Address Hickman City MO

19. (a) April 22 47 (b) John Burrey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

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

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 4
4 1947, to April 4 1947
that I last saw him alive on April 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 15 min

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J P Walker (M. D. or other) DO

Address Hickman City MO Date signed 4/14/47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W.D. Haines*.....

Licensed Embalmer No. *942*.....

P. O. Address *Filmart City 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.