No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

949

State File No. .....

FILED JAN 23 1948

Registration District No. 1/4

Primary Registration District No. 4233

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Iron

(b) City or town ARCADIA 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 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Iron 47

(c) City or town ARCADIA Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME FRANK DAVID NOYES

3. (b) If veteran, name war NO

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ADA

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

7. Birth date of deceased NOV. (Month) 19 (Day) 1965 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	27	..... hr. ..... min.

9. Birthplace DUBUQUE (City, town, or county) IOWA (State or foreign country) 1

10. Usual occupation PAINTER

11. Industry or business .....

FATHER
12. Name DAVID PRIEST NOYES
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 2

MOTHER
14. Maiden name UNKNOWN 1
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant RAY NOYES
(b) Address ARCADIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan. 18. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Valley Mem Park

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton Mo

19. (a) 1-26-48 (Date received local registrar) (b) Avis Jones (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1948 hour 3 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan. 9, 1948, to Jan. 14, 1948, that I last saw him alive on Jan. 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia, acute	6 days
Due to	
Due to	
Other conditions: Arterio sclerosis, general (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

107

PHYSICIAN

Underline the cause of 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)

While at work? ..... (e) Means of injury .....

23. Signature Ben M. Bull (M. D. or other) M.D.

Address Ironton, Mo Date signed 1-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 148-13

1-27-48

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 Percel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.