

FILED JUN 10 1948

State File No.

Registration District No. 2-3+232

Primary Registration District No. 5-8-12-5812

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Middletown (Rural) Prairie
(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 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Middletown 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 _____

3. (a) PRINT FULL NAME Wesley Fred Nobe
(b) If veteran, name war V
(c) Social Security No. 492-10-6189

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married married
6. (b) Name of husband or wife Zelma Clifton Nobe
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased July 12 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 10 19 hr. 1 min.

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

10. Usual occupation Laborer - Press Man Buick Plant

11. Industry or business Buick Plant

MOTHER FATHER { 12. Name Henry Nobe
13. Birthplace Veneta Ill
(City, town, or county) (State or foreign country)
14. Maiden name Emma Volkman
15. Birthplace Adeville Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zelma C. Nobe
(b) Address Middletown

17. (a) Burial (b) Date thereof June 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Cemetery

18. (a) Signature of funeral director Butler
(b) Address Middletown Mo

19. (a) June 2 - 1948 (b) 302 F. Chapman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 31ST
year 1948 hour 11 minute P M.
21. I hereby certify that I visited the deceased from 9:30 am
1 June 1948 to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94B
Of operations _____
Of autopsy None
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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(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? _____ (Specify type of place) Means of injury Coronary
23. Signature Alvin Bennett (M, D or other)
Address Middletown Mo Date signed 1 June 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 9 1948

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. 4447

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.