S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18909
State File No.

FILED JUL 12 1948
Registration District No. 3 — Primary Registration District No. 4098 — Registrar's No. 111

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Belton 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 years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: City: Belton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRANK ELLSWORTH NOYES
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: Minnie Ellen Noyes
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Jan. (Month) 17 (Day) 1865 (Year)
8. AGE: Years 83 Months 5 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace: Lonistown (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Alford Alanzo Noyes
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Minerva Bangford
15. Birthplace: Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Minnie E. Noyes
(b) Address: Belton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Cleveland Mo
18. (a) Signature of funeral director: Leo G. Myers
(b) Address: Cleveland Mo
19. (a) July 7-1948 (Date received by local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 3RD, year: 1948 hour: 3 minute: 50 P.M.
21. I hereby certify that I attended the deceased from Feb. 21, 19 47 to July 3, 19 48 that I last saw him alive on July 2, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MYOCARDITIS, CHRONIC.	2 YRS.
Due to: ARTERIOSCLEROSIS generalized and cerebral	5 YRS.
Due to:	
Other conditions: Myocardial infarction, due to coronary occlusion (Include pregnancy within 3 months of death)	6 weeks.

Major findings:
Of operations: None
Of autopsy: None made

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) 0
While at work? — (e) Means of injury: —
23. Signature: Herbert A. Tracy (M. D. or other): M.D.
Address: Belton, Mo. Date signed: 7/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Geo. E. Myers

Licensed Embalmer No. 2577

P. O. Address Cleveland 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.