S. No. 300
OM—10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26813

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JANE-CHINN 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1632 W. 26th. St 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANDREW NOBLE

3. (b) If veteran, name war | 3. (c) Social Security No.

4. Sex MALE 0 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced INFANT 0

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

7. Birth date of deceased AUGUST (Month) 17 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day hr. 20 min.

9. Birthplace Webb City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Harry Noble
13. Birthplace ~~No Record~~ JOPLIN, MO 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flossie ~~Noble~~ HENSON
15. Birthplace ~~No Record~~ PITCHER, OKLA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Noble
(b) Address 1632 W. 26th. St, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG; 20; 1948 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETARY

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address JOPLIN, MO

19. (a) AUG. 20; 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 48 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8-17- 1948, to 8-17-48, 19__;
that I last saw him alive on 8-17-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia | Duration

Due to Patent foramen Ovale.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1576

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

23. Signature R. A. Mahoney (M. D. or other) L. Do.
Address Joplin - Mo Date signed 8/17/48

(Licensed Embalmer's Statement on Reverse Side)

48-8-718

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.