FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949
Registration District No. 389

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 40784
Registrar's No. 407

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence R R # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R F D # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Franklin Noel
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 Married
6. (b) Name of husband or wife Ora Muffley Noel
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 17, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	5	12	hr. min.

9. Birthplace Lewis County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Joseph Henderson Noel
13. Birthplace Madison Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie C Funk
15. Birthplace Lewis County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Noel
(b) Address R F D # 2 Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Marion Co Mo
18. (a) Signature of funeral director W Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) Dec 31 48 (Date received local registrar) (b) D E M Lucke (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1948 hour 9 minute 45 AM.
21. I hereby certify that I attended the deceased from Nov. 24, 1948, to Dec 29, 1948
that I last saw him alive on Dec 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocarditis and mitral lesion	2.0 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 B
Of autopsy no

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 A. B. Blue (M.D.)
Address 511 Union Hannibal Date signed

(Licensed Embalmer's Statement on Reverse Side)

300
0-47
7-39
3906

...ING 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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.