

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

68

Registration District No. 28

Primary Registration District No. 5035

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town R.F.D. Saling Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Saling Twp /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

3. (a) PRINT
FULL NAME

Igle G. Noel

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex MO

5. Color or
race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct

(Month)

16

(Day)

1858

(Year)

8. AGE:

Years

Months

Days

If less than one day

88

2

21

hr.

min.

9. Birthplace

Monroe County Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Malcolm Noel

13. Birthplace

Monroe Co. Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Sarah Wood

15. Birthplace

Monroe Co. Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Geo. Brown

(b) Address

Centralia, Mo. R.F.D.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1-9-48

(Month) (Day) (Year)

(c) Place: burial or cremation

Centralia Cemetery

18. (a) Signature of funeral director

Belle Funeral Home

(b) Address

Centralia, Missouri

19. (a) 1/9/48

(Date received local registrar)

(b) Blanca Neely

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Centralia
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 7, 1948
that I last saw him alive on Jan. 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work

(Specify type of place)

(e) Means of injury

23. Signature

M. D. or other

(M. D. or other)

Address

Centralia, Mo

Date signed

Jan 8, 1948

NOT FURNISHED

RECEIVED
District Health Officer No. 1-48-73
JAN 14 1948
Date Filed

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 Paul P. Baller
Licensed Embalmer No. 4206
P. O. Address Centralia, 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.