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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
1946 STANDARD CERTIFICATE OF DEATH

8769

State File No.

FILED APR 2 1946
Registration District No. 57

Primary Registration District No. 4081

Registrar's No. 5

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town BOSWORTH 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)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL

(c) City or town BOSWORTH 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 JENNIE BELL NOBLE

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

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased NOV 26 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1946 to 1946
that I last saw her alive on Mar 30, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 4 4 hr. min.

Immediate cause of death Myocarditis Duration _____

Due to Arteriosclerosis

9. Birthplace BOSWORTH MO
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation Housework

Major findings: _____

Of operations _____

Of autopsy AB

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name RUBE WINFORD

13. Birthplace KEAN MO
(City, town, or county) (State or foreign country)

14. Maiden name FRANK

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS FRANK Dadd

(b) Address BOSWORTH MO

17. (a) BURIAL (b) Date thereof 4 1-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WHARTON CEMETERY

18. (a) Signature of funeral director David J. Edwards

(b) Address Bosworth Mo.

19. (a) 3-31-1946 (b) Pearl Koch
(Date received local registrar) (Registrar's signature)

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 Alfred Brown (M. D. or other) _____

Address Bosworth Mo. Date sig. Mar 31/46

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

MOTHER FATHER

47

(Licensed Embalmer's Statement on Reverse Side)

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 *David J. Edwards*
Licensed Embalmer No. *3265*
P. O. Address *Bosworth 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.