

FILED MAR 7 1944

Registration District No. 204

Primary Registration District No. 204

Registrar's No. 4

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

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: Proctor's
(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 John R. Noble

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife HEONA S. Noble 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 4 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name Columbus Noble
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Susan Harden
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. Informant MRS. HEONA S. Noble
(b) Address BOSWORTH MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation WINFREY

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Mo.

19. (a) 2-24-1944 (Date received local registrar) (b) Foster Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 22 to Feb 23 1944
that I last saw him alive on Feb 22 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Arrest
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c2

Major findings: Of operations _____ 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? _____

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

23. Signature [Signature] (M. D. or other) J. H. [Signature]
Address [Address] Date signed Feb 24

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

36-ff

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 M.

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.