

Registration District No. 123

Primary Registration District No. 3009

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Week
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Washington Noland 453

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept. 13 1861
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>78</u>	<u>5</u>	<u>4</u>	hr. _____ min.

9. Birthplace Egypt Mills Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Noland 9

13. Birthplace Don't Know
 (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial (b) Date thereof Feb. 19, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schwettman Cemt.

18. (a) Signature of funeral director J. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 2-17-40 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape R.F.D. # 1
 (If outside city or town limits, write "RURAL")

(d) Street No. _____
 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
 year 1940 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from 2/17, 1940, to 2/17, 1940
 that I last saw him alive on 2/17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Broncho-Pneumonia
 Due to Coryza + Logrippe
 Due to _____

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

Major findings: HN
 Of operations _____

Of autopsy No

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 trauma) (e) Means of injury _____

23. Signature Ch. D. Smith (M. D. or other) _____

Address Cape Girardeau Date signed 2/19/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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, above space should be left blank.