

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.

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 116

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
157 1/2 S. Lafayette
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 157 1/2 S. Lafayette
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Nimrod Noonan Nooe
 (b) If veteran, name war _____
 (c) Social Security No. 494-12-1027

20. DATE OF DEATH: Month 7 day 24
6 PM year 1940 hour 6 PM minute _____ M. _____

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 (b) Name of husband or wife Mina E. Peck
 (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased July 17, 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5 PM 7/24/40
6 PM, 1940, to 6 PM 7/24, 1940,
 that I last saw him alive on 7/24/40, 1940,
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 0 Days 7
 If less than one day _____ hr. _____ min.

Immediate cause of death
Myocardial failure
 Due to Heart Stroke
 Due to _____

9. Birthplace Paris, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Meat Cutter

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Nimrod Nooe
 13. Birthplace X Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Lavera Noonan
 15. Birthplace X Kentucky
 (City, town, or county) (State or foreign country)

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?
110
 (Specify type of place) while at work? (e) Means of injury _____

MOTHER FATHER
 16. (a) Informant's own signature Elizabeth N. Brunsdale
 (b) Address 3121 Thompson - N. C. Mo.
 17. (a) Burial (b) Date thereof July 26, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Paris, Mo.
 18. (a) Signature of funeral director J. Louis ...
 (b) Address Marshall Mo
 19. (a) 7-25-40 (b) Sept
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 22. Signature G. F. Warren (M. D. or other) _____
 Address Marshall Mo Date signed 7/24/40

11. 11. 11

RECEIVED
District Health Officer, No. 8,
District File Number
Date Filed 04-13-40

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 *J. Leslie Murray*
Licensed Embalmer No. *3235*
P. O. Address *Marshall, Va*

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.