No. 2
11-10-39
5-17-39
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FILED NOV 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35560

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Newton

(c) City or town Wentworth (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

**3. (a) PRINT FULL NAME** Micheal Vincent Nolan

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 married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 19 (Day) 1867 (Year)

8. AGE: Years 72 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Hamilton Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Station Agent (Frisco) 5

11. Industry or business 5

FATHER
12. Name John Patrick Nolan
13. Birthplace Bridget O'Neal (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace [illegible] (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. M V. Nolan

(b) Address Wentworth Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks Cem.

18. (a) Signature of funeral director [illegible]

(b) Address Pierce City Mo.

19. (a) 10-16-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 14/40 year 1940 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from June 6, 1938, to Oct 14, 1940 that I last saw him alive on Oct 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Duodenal Ulcer

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 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

40-11-531

## 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Victor O. Niemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**