

5-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3028

Registration District No. 411

Primary Registration District No. 5569

Registrar's No.

19600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin--Rural - Galena
(c) Name of hospital or institution: Rt 3 Box 68
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin--Rural - Galena
(d) Street No. Rt 3 Box 68
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Frank Noland
3. (b) If veteran, name war ---
3. (c) Social Security No. 49-07-8874

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17th
year 1941 hour 2:40 minute PM M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dama 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased May 12, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 17, 1941; that I last saw him alive on Jan 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: chr. Silico-Tuberculosis Duration 8 mo

8. AGE: Years 39 Months 8 Days 5 If less than one day hr. min.

Due to: Silicosis and Tubercular infection
Due to:

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

Other conditions: none (Include pregnancy within 3 months of death)

10. Usual occupation Miner

Major findings: Of operations: none Of autopsy: none

11. Industry or business

MOTHER FATHER { 12. Name James Noland
13. Birthplace Joplin, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mattie O'Brien
15. Birthplace Joplin, Missouri (City, town, or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joan Carrigan (b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 1-20-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) 1-23-41 (b) [Signature] (Date received local registrar) (Registrar's signature)

23. Signature Herman A. LaFarge (M. D. or other) [Signature]
Address 607 Main Joplin MO Date signed 1-18-41

41-278D

no

8

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.....

Don Petrick

Licensed Embalmer No.....

4008

P.O. Address.....

Joplin, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3026
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 411

Primary Registration District No. 5569

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Salina, Mo.
(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.....
In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Roland
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..... 6. (c) Age of husband, or wife, if alive..... year.....
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 5 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

16. (a) Informant.....
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.

20. DATE OF DEATH Month Jan day 17
year..... hour..... minute..... M.
21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION
Immediate cause of death Chr Silico Tuberculosis
Due to Silicosis and Tubercular infection of Lung
Due to.....
Other conditions..... (Include pregnancy within 3 months of death) 13R
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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Herman A. LaFaree (M. D. or other) MD
Address 607 Main Jasper Mo Date signed 4-10-41

SUPPLEMENTARY

