

13-40
7-39
X23159

Kendig **821**
Registration District No. _____

Primary Registration District No. **5801**

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

1. PLACE OF DEATH: **FILED MAR 19 1941**
 (a) County **New Madrid**
 (b) City or town **Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULLNAME **Leon McFeron Nolley**
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 **Francis Nolley**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **10 24 1869**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 21 hr. min.

9. Birthplace **Jiles County Tenn.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER
12. Name **E. J. Nolley**
13. Birthplace **Unknown Tenn.**
 (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth McKisack**
15. Birthplace **Unknown Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Nolley**
(b) Address **Manilla Arkansas**
17. (a) Burial **(b) Date thereof** **2/16/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sikeston Mo.**

18. (a) Signature of funeral director **John C. Clayton** **539** (Specify type of place)
(b) Address **Sikeston Mo.** (e) Means of injury
19. (a) 3-7-41 **(b) [Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Rural**
 (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 **2** day **15**
 year **1941** hour **3** minute **a** M.
21. I hereby certify that I attended the deceased from **2-10-41**
 _____, 19____, to _____, 19____;
 that I last saw him alive on **2-15-41**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation
Pneumonia
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

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

Major findings:
 Of operations _____
 Of autopsy _____

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?
 (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other?)
Address **[Address]** **Date signed** **3-3-41**

RECEIVED

District Health Officer No. 2

District File Number 341-333

Date Filed 3/10/41

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.....

John A. Denton

Licensed Embalmer No. 2941

P. O. Address *Suburban*

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.