

State File No. _____

Registrar's No. 11

Registration District No. 81

Primary Registration District No. 5127

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: R.F.D. #1
(If not in hospital or institution, write street number or location)

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

In this community 7 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BUCHANAN

(c) City or town HALLS (Qual) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 (If rural, give location) 0

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

3. (a) PRENT FULL NAME SUSAN-C-NOLAND

3. (b) If veteran, No name war _____

3. (c) Social Security No. 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1941 hour 9:40 minute P M.

4. Sex Female 5. Color or race Wht

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widow of Stephen Noland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 18, 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 3, 1941, to April 5, 1941; that I last saw her alive on April 3, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 8 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death Apoplexia Duration 3 days

Due to Cerebral Thrombosis 3 day

Due to Arteriosclerosis

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

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

10. Usual occupation At Home

Major findings: Of operations none

Of autopsy none

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

11. Industry or business _____

12. Name George Porter

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

14. Maiden name Margaret Jane Young

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

16. (a) Informant C. Noland

(b) Address Halls Mo Rt 1

17. (a) Burial (b) Date thereof Apr. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

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? 918

18. (a) Signature of funeral director Ray Starnes

(b) Address St. Joseph Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 4/9/41 (b) O. D. Davis
(Date received local registrar) (Registrar's signature)

23. Signature O. D. Davis (M.D. or other) _____
Address St. Joseph, Mo. Date signed 8-7-41

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

B. Frank - 16207 Knight Hill Bldg.

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.....

April 6 1941

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

working under my personal supervision.

Signed.....

John H. Harley

Licensed Embalmer No. 4050

P. O. Address.....

St. Joseph, 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.