

FILED DEC 5 1941

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 N. Washington!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 60 yrs
years, months or days)

3. (a) PRINT FULL NAME WILLIAM NOLAN

3. (b) If veteran, name war 3. (c) Social Security No. 493-12-2865

4. Sex M 7 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ogella Nolan 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 19 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days If less than one day
hr. min.

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

10. Usual occupation Business

11. Industry or business Barber shop

12. Name Peter Nolan

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

14. Maiden name Mary E. Owens
15. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Nolan Martin
(b) Address Sedalia Mo
17. (a) Sedalia Mo (b) Date thereof Nov 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial
18. (a) Signature of funeral director F. D. Ferguson
(b) Address 314 N. Washington

19. (a) 11/29/41 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 314 N. Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from May 2
1941 to Nov 19 1941
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending Paralysis
Due to
Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 82.1!
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 A. W. ... (M. D. or other) 0
Address Sedalia Mo Date signed.....

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

RECEIVED

Health Officer No. 8,

Case File Number.....

Filed 12-4-41.....

DEC 10 1941

MAILED

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 *F. D. Ferguson*.....

Licensed Embalmer No. *2172*.....

P. O. Address *Madison*.....

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.