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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 403

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42136

Primary Registration District No. 5557

Registrar's No.

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Raytown
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.S.D. #3, K.C. Mo. 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 about 10 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Raytown 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.S.D. #3 Kansas City Mo. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Noone

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

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary J. Noone 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Sept 5 1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>4</u>	hr. min.

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

10. Usual occupation Carpenter + Builder

11. Industry or business _____

12. Name Dennis Noone

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

14. Maiden name Mary Flanagan

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

16. (a) Informant Mary J. Noone

(b) Address R.S.D. #3 K.C. Mo.

17. (a) Cremation (b) Date thereof Jan 12 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery K.C. Mo.

18. (a) Signature of funeral director Edmund Wright

(b) Address Raytown Mo.

19. (a) Jan 13 1942 (b) Mrs. G. E. Sarvin (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-15-41 19____ to 1-9-42 19____ that I last saw him alive on 1-9-42 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma of Liver
 Due to Pneumocystic Carcinoma 60 da
 Due to _____ 60 da
 Other conditions: 47C
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Metastatic Carcinoma of Liver
 Of operation: Primary Carcinoma of Lung
 Of autopsy: C. F. of Lung
 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 J. P. Hoffmann (M.D. or other) Address Raytown Mo. Date signed 1-9-42

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

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.....

E. Clark Hegert

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.