S. No. 2
—4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1365

Registration District No. FILED FEB 11 1942

Primary Registration District No. 1002

Registrar's No. 371

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: St. Luke's Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days, (Specify whether
In this community Since 1900,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri, (b) County Jackson, 3

(c) City or town Kansas City, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 131 East 46th St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Mrs. Catherine Leonard Noland,

3. (b) If veteran, name war x

3. (c) Social Security No. No.

4. Sex Female 1

5. Color or race White 2

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

6. (b) Name of husband or wife Nicholas F. Noland,

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August (Month) 7th (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	5	18	hr. min.

9. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name - Leonard,
13. Birthplace (City, town, or county) England, 4 (State or foreign country)

MOTHER
14. Maiden name Upton,
15. Birthplace (City, town, or county) England, 4 (State or foreign country)

16. (a) Informant Nicholas F. Noland,
(b) Address 6145 Overhill Road, K.C., Kansas

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 1/27/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1942 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from November, 1941, to January 25, 1942, that I last saw her alive on January 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of fundus of uterus with peritoneal metastases — Duration 2+ yrs

Due to

Due to 48 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirmed above diagnosis

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

23. Signature M. L. Berry (M. D. ~~or other~~)
Address Plaza Med Bldg Date signed 1-26-42
K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.