

BUREAU OF THE CENSUS  
FILED APR 20 1942

Registration District No. 561

Primary Registration District No. 5756

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon (Rural) Franklin (FWA)  
(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 1  
(Specify whether

In this community 1  
years, months or days)

3. (a) PRINT FULL NAME Frances Vanzant Nolen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 5 1852  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William David Philip Monroe Nolen

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

14. Maiden name Mary Balance

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

16. (a) Informant Mrs. Maggie Haynes

(b) Address Eldon, Missouri

17. (a) SALEM Burial (b) Date thereof 3-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) Mar 7th 42 (b) W. S. Spearman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eldon 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. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1942 hour 12 minute 30A M.

21. I hereby certify that I attended the deceased from March 3 1942 to March 5 1942

that I last saw her alive on March 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Duration 4 days

Due to Semility

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) g3a

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. S. Spearman (M. D. or other) MD

Address Eldon Mo Date signed 3-7-42

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

66  
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066  
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1114

RECEIVED  
Miller County Health Dept.  
County File Number 42-29  
Date Filed 4/16/42

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.....

Louis D. Phillips.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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, above space should be left blank.