

0. 2  
3-40  
7-39  
K23150

FILED JUN 18 1942

State File No. \_\_\_\_\_

Registration District No. 372

Primary Registration District No. 5515

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 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 nearly 1 day  
years, months or days

3. (a) PRINT FULL NAME Carl David Noland

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 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 May 10 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>19</u> hr. <u>15</u> min.

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

10. Usual occupation none

11. Industry or business none

12. Name Leslie Lloyd Noland

13. Birthplace Jova Point Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ann Johnson

15. Birthplace Mount Vernon Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Lloyd Noland

(b) Address Craig, Mo.

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

(c) Place: burial or cremation I. O. O. F. near Craig

18. (a) Signature of funeral director Wilber L. Schoel

(b) Address Craig, Mo.

19. (a) 5-12-42 (b) Pauline Sawyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Craig  
(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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 ch  
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 10, 1942 to May 11, 1942  
that I last saw him alive on May 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute leukemia

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

Due to 161a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 19 hrs

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Craig Mo Date signed 5/11/42

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

1185

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>npt</sup>embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wilber L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, 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.**