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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 22 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 264

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 8 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 723 No. 10th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Agnes Susan Nolan

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct. 23 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>28</u>	hr. min.

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

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Patrick M. Dunn

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

14. Maiden name Anna Riley

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

16. (a) Informant Marie Nolan  
(b) Address 823 No. 10th Str., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 24, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Harold J. Brunner  
(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 2-24-43 (b) Rose Helgog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st  
year 1943 hour 12: minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 14  
1943 to Feb 21, 1943  
that I last saw her alive on Feb 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. myelonephritis Duration \_\_\_\_\_  
Due to. 1330  
Due to. \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy above

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 Harold J. Brunner (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 2-22-43

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

1233

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**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

*Albert R. Harrington*

Licensed Embalmer No..... 3258

P. O. Address St. Joseph, 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.**