

S. No. 2
M-5-42
5-17-39
I X327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22006

State File No.

Registrar's No. 28

FILED JUN 17 1943

Registration District No. 218

Primary Registration District No. 5790

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Rural Wood Island, Miss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 39 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 12 miles South E. of E. Prairie (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: CLEVE NOLAN

3. (b) If veteran, name war: V

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1943 hour 11 minute 2 A.M.

4. Sex: MO

5. Color or race: W

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: April 6, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from no medical attendance 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 1 Days 8 If less than one day _____ hr _____ min.

9. Birthplace: Carroll Co. Ky
(City, town, or county) (State or foreign country)

Immediate cause of death: Loss of blood

Due to: gun shot wound in left side of chest

Due to: _____

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER FATHER { 12. Name: James Nolan

13. Birthplace: Carroll Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown U. K. A.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death): 164c

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Louise Struggs

(b) Address: East Prairie, Mo 6452

17. (a) Burial (b) Date thereof: 5-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Beach Grove, Ky

18. (a) Signature of funeral director: Travis Shelly

(b) Address: East Prairie, Mo

19. (a) 6-14-43 (b) Fannie E. Bugman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: May 14, 1943

(c) Where did injury occur?: Mississippi, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? no (e) Means of injury: _____

23. Signature: Travis Shelly 3 Coroner
(City or town) (County) (State)

Address: East Prairie, Mo Date signed: 5/22/43

1271

(Licensed Embalmer's Statement on Reverse Side)

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

7

RECEIVED

District Health Office No. 2,

District File Number

642-842

Date Filed

6-15-43

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.....

James E. Scott

Registered Apprentice No.

316

working under my personal supervision.

Signed

Travis Shelby

Licensed Embalmer No.

2726

P. O. Address

East Prairie, 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.