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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25800

FILED AUG 5 1943 80

Registration District No. 4422

Registrar's No. 2324

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

1. PLACE OF DEATH:

(a) County PLATTE

(b) City or town EDGERTON

(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 15 YEARS

In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PLATTE

(c) City or town EDGERTON

(d) Street No. _____

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LAVADA BELLE NOLAND

3. (b) If veteran, name war L

3. (c) Social Security No. 510224775

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 8:00 minute — P. M.

21. I hereby certify that I attended the deceased from July 18 1943 to July 19 1943 that I last saw her alive on July 19 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife L

6. (c) Age of husband or wife if alive 26

7. Birth date of deceased: (Month) 3 (Day) 13 (Year) 26

Immediate cause of death Cerebral Hemorrhage

Due to Accident - Thrown from a horse

Other conditions (Include pregnancy within 3 months of death) 188

8. AGE: Years 17 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Mo.

10. Usual occupation SALES LADY

11. Industry or business SEARS - K.C. Mo.

MOTHER FATHER { 12. Name LEE NOLAND

13. Birthplace DEARBORN Mo.

14. Maiden name RACHEL ELLIS

15. Birthplace MONETT Mo.

16. (a) Informant Mrs. Boone Noland

(b) Address Edgerton Mo.

17. (a) burial (b) Date thereof 7-22-43

(c) Place: burial or cremation Deer Chapel Cem.

18. (a) Signature of funeral director Bellini Mortuary

(b) Address Edgerton Mo.

19. (a) 7-28-43 (b) Mrs. Clay Siffes

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident 18.9

(b) Date of occurrence July 18 - 1943

(c) Where did injury occur? Edgerton Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on city street

While at work? no (Specify type of place)

23. Signature W. S. Wood (M. D. or other) _____

Address Edgerton Mo signed July 27 - 1943

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1209 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Sanitary Health Officer *W. Platt*
District File Number *8-43-75*
Date Filed *8-3-43*

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.