

V. S. No. 2
00M-2-43
te 5-17-29
1 X3507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27423

State File No. _____

FILED AUG 21 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3441

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 1/2 hours
(Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 430 West 35th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT MISS ELIZABETH A. NOONAN
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife XX

6. (c) Age of husband or wife if allyc. XX years

7. Birth date of deceased January 7 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>7</u>	<u>1</u>	____ hr. ____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name William A. Noonan

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

14. Maiden name Mary Kett

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

16. (a) Informant Mrs. William R. Beauchamp

(b) Address 430 West 35th St.

17. (a) Burial (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-9-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1943 hour 2: minute 25 A. M.

21. I hereby certify that I attended the deceased from 8-12 1943, to 8-8 1943,
that I last saw her alive on 8-7-1943 at 6:00 P.M.,
and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular Failure - following extensive Heart with atherosclerotic arteriosclerosis.

Due to _____

Due to 950

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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)

(g) Means of injury 0

23. Signature William A. Myers (M. D. or other)

Address 815 Schuler Rd Date signed 8-9-43

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

11-11-11
9/5 Schubert
11-3925

11-11-11
9/5 Schubert
11-3925

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.