

Registration District No. **09**

Primary Registration District No. **4124**

Registrar's No. **70**

FILED SEP 09 1943

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Kahoka**
(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 _____ years, months or days

3. (a) PRINT FULL NAME **Edward Noonan**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Ethel Noonan** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Aug 31 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Berlew Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Patrick Noonan**
13. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Conner**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ethel Noonan**
(b) Address **Kahoka, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 27 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kahoka, Mo.**

18. (a) Signature of funeral director **Fred J. Karle**
(b) Address **Kahoka, Mo.**

19. (a) **Sept 21** (b) **P. J. Boston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark** 23
(c) City or town **Kahoka** 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24th**
year **1943** hour **8** minute **8** M.

21. I hereby certify that I attended the deceased from **Jan. 1** 19 **40** to **8-24** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**
Diabetes Mell.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **61**

Major findings: Of operations _____

Of autopsy _____

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) (Means of injury) _____

23. Signature **P. J. Boston** (M. D. or other) **Mo.**
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1217

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

3
1
0

SEP 29 1943

400
400

100 - 8 04
400
[Handwritten signature]

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.