

S. No. 2
M-9-4-41
v. 5-17-39
-1 X29484

3231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 28 1944

Registration District No. 2038

Primary Registration District No. 3127

Registrar's No. 2

49
6
2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 South Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 39 years
In this community 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 919 South Madison
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Thomas H. Noonan
(b) If veteran, name war Spanish American
(c) Social Security number 488-01-888

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1944 hour 9:50 minute P. M.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Cora B. Noonan
(c) Age of husband or wife if alive no data
7. Birth date of deceased August 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4 1943 to Jan 8 1944
that I last saw him alive on Jan 8 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	5	--	hr. min.

Immediate cause of death
Carcinoma Head of Pancreas

9. Birthplace Mauston Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation District Agent (Retired)
11. Industry or business Sinclair Refinining Co.

Duration
Physician
Underline the cause to which death should be charged statistically.

MOTHER, FATHER
12. Name Patrick Noonan
13. Birthplace no data Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Saunders
15. Birthplace no data England
(City, town, or county) (State or foreign country)

16. (a) Informant Widow: Cora B. Noonan
(b) Address Webb City, Missouri
17. (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

Major findings:
Of operations
Of autopsy

18. (a) Signature of funeral director
(b) Address Webb City, Missouri
19. (a) Jan 11 1944 (b) M.D. Lillie Lagle
(Date received local registry) (Registrar's signature)

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)
23. Signature M.D. Lillie Lagle (M. D. or other)
Address Webb City, Mo. Date signed 1/11/44

1-3-44

JAN 3 1944

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

[Handwritten Signature]

Licensed Embalmer No.....

2859

P. O. Address.....

St. Louis 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.