V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24711

Primary Registration District No. 2000

Registrar's No. 624

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location) O.

(d) Length of stay: In hospital or institution 41 days (Specify whether years, months or days)

In this community 41 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon 108

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

(d) Street No. R. R. #3
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME: MAURICE E. NOLAN

3. (b) If veteran, name war: World War I, World War II

3. (c) Social Security No.: unk.

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Mrs Ingeborg C Nolan

6. (c) Age of husband or wife if alive: unk. years

7. Birth date of deceased: February (Month) 27, (Day) 1894 (Year)

8. AGE: Years 50 | Months 5 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation: Soldier, U. S. Army

11. Industry or business:

MOTHER FATHER

12. Name: John T. Nolan

13. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country) U

14. Maiden name: Ida E. Mains

15. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country) U

16. (a) Informant: WD, AGO Forms 20 & 24

(b) Address: O'Reilly Gen. Hosp., Spfd., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 30, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City, Missouri

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 7-29-44 (Date received by local registrar) (b) E. W. E. Hundley (Registrar's signature)

744 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1944 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 18, 1944 to July 28, 1944 that I last saw him alive on July 28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia, severe	2 weeks
Due to: Nephritis, chronic, interstitial, severe	4 years
Due to: Arteriosclerosis, generalized, severe, type & cause undetermined, and arterial hypertension, severe, cause undetermined.	4 years
Other conditions: Cardiac hypertrophy, moderate, due to hypertension	

(Include pregnancy within 3 months of death)

Of autopsy: Confirmation of above diagnosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Herman A. Shechter Capt, MC (M. D. or other)

Address: O'Reilly GH, Springfield, Mo Date signed 7-29-44

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 X .....

Licensed Embalmer No. 2033

P. O. Address Springfield, 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.