

FILED OCT 11 1944

Primary Registration District No. 3021

Registrar's No. 308

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Grundy 40  
 (c) City or town Drenton 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 311 South Main  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME HARVEY FRANCIS NOLAN  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. 707-07-6820

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 27  
 year 1944 hour 1:00 minute P M.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Emma Nolan  
 (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased Aug 14, 1894  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 20, 1944, to Sept 27, 1944  
 that I last saw him alive on Sept 27, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 1 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Laryngeal carcinoma Duration 1 yr

9. Birthplace Kearney Mo. 19  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Smithman

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Railroad

Major findings: Of operations 552  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name JAMES F. NOLAN  
 13. Birthplace Smith Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah B. Tessler  
 15. Birthplace Smith Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Wood  
 (b) Address Drenton, Mo.  
 17. (a) burial (b) Date thereof 9-29-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Angelic Cemetery, Drenton Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director James A. Davis  
 (b) Address Drenton Mo.  
 19. (a) 9-29-44 (b) L. B. Roberts  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature L. B. Roberts (M. D. County) \_\_\_\_\_  
 Address Drenton Mo. Date signed 9/29/44

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

OCT 17 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.....  
*Myself*..... Registered Apprentice No.....  
working under my personal supervision.

Signed.

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address. *Denton, 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.**