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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1945
Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13516
Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Forest City
(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 Lifetime
years, months or days

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

3. (a) PRINT FULL NAME John Henry Noland
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Edith Noland 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased November 18 1866
(Month) (Day) (Year)

8. AGE: 78 Years 5 Months 5 Days If less than one day
hr. _____ min.

9. Birthplace Forest City Missouri
(City, town, or county) (State or foreign country)?

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joshua Noland
13. Birthplace U nknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Della Briggs
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)?

16. (a) Informant Mrs. Ruth Noland
(b) Address Forest City, Mo.

17. (a) Burial (b) Date thereof April 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon, Mo.

19. (a) 4-25-45 (b) Richard A. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1945 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from april 20
1945 to april 23 1945
that I last saw him alive on april 22 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 3 days
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 109
Of operations _____
Of autopsy _____
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 F. E. Hagan (M. D. or other) _____
Address Mound City Date signed 4-23-45

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.....

James H. Pettigahin

Licensed Embalmer No. *3192*

P. O. Address. *Oregon 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.