

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16634

State File No.

Registrar's No. 35

FILED JUN 2 1945
Registration District No. 72

Primary Registration District No. 5289

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Linden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 47 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Linden
(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

JAMES NOONAN

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Betty Noonan

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 22 1859
(Month) (Day) (Year)

8. AGE:

Years 85

Months 6

Days 21

If less than one day
hr. min.

9. Birthplace

Kentucky
(City, town, or county) (State or foreign country)
Watchman

MOTHER FATHER

12. Name
13. Birthplace
14. Maiden name
15. Birthplace

K.C. School Board
Dave Noonan
Kentucky
(City, town, or county) (State or foreign country)
Mary F. Maubin
Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant

William Noonan

(b) Address Linden, Mo.

17. (a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)
(k)
(l)
(m)
(n)
(o)
(p)
(q)
(r)
(s)
(t)
(u)
(v)
(w)
(x)
(y)
(z)

Burial (Burial, cremation, or removal) (b) Date thereof 5-15-45
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

(a) Signature of funeral director J.W. Wagner
(b) Address Sansas City, Mo.

(a) May 14 1945 (Date received local registrar) (b) Push N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1945 hour 12: minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec 1944
4th 1944 to May 13 1945
that I last saw her alive on May 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Due to Chr. Interstitial nephritis Duration 5 days
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: 131K
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. J. P. ... (Date signed May 14 1945)
Address 115 Grand Ave Date signed

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6/1/45

*Att. Reamission
Shirley Bledy.*

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 Alvin R. Hunschuld

Licensed Embalmer No. 4159

P. O. Address Kansas 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.