V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21565

Registration District No. 358 Primary Registration District No. 4523 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Schell 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 years, months or days)
In this community about 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Schell City 0
(If outside city or town limits, write "RURAL") 0
(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 Charles William Noonan

3. (b) If veteran, name war

3. (c) Social Security No. 078-05-1120

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 19 (Day) 1870 (Year)

8. AGE: Years 75 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Miami, Saline Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business

FATHER
12. Name James Wm Noonan
13. Birthplace do not know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Noonan
15. Birthplace do not know (City, town, or county) (State or foreign country)

16. (a) Informant L B Bruman
(b) Address Schell City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Lute Lewis + Son
(b) Address Schell City, Mo

19. (a) 6-8-45 (Date received local registrar) (b) Ruby Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 45 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Found dead
Heart trouble of some kind.
Due to had been doctoring with local Doctor for several yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
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 3

23. Signature Mark Eichinger Coroner (M.D. or other)
Address Nevada, Mo. Date signed 6-8-45

1232

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District Filing Number 6-45-641
Date Filed 7-11-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. 5034,

working under my personal supervision.

Signed Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell 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.