S. No. 2
M—8-13
5-17.39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41430

Registration District No. 73 Primary Registration District No. 5572 Registrar's No. 130

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8021 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Appa Noler

3. (b) If veteran, name war W

3. (c) Social Security No. W

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife James Noler

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

7. Birth date of deceased April (Month) 26 (Day) 1882 (Year)

8. AGE: Years 63 Months 5 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) West Virginia

10. Usual occupation Housewife

11. Industry or business Home

MOTHER
12. Name Strader
13. Birthplace (City, town, or county) (State or foreign country) ?

FATHER
14. Maiden name Unknown
15. Birthplace (City, town, or country) (State or foreign country) ?

16. (a) Informant James C. Noler
(b) Address 8021 Woodland KC

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-10-45 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Elmwood Cem

18. (a) Signature of funeral director Wills Funeral Home
(b) Address Linwood & Olive

19. (a) 10/8/45 (Date received local registrar) (b) T. E. McGill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1945 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 22nd 1945, 19 to Oct. 7-1945, 19; that I last saw her alive on Oct 7-1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Arteriosclerosis and hypertension

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

23. Signature (M. D. or other)
Address Date signed 10/7/45

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. E. Wells

Licensed Embalmer No. 2644

P. O. Address Kansas City Ki

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.