

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

15727

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Bone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bone Co. Hospital B
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Madison

(c) City or town Bemis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Rothwell Noonan

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 13 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Obion Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER

12. Name John James Noonan

13. Birthplace Columbus Ky
(City, town, or county) (State or foreign country)

14. Maiden name Kate Smith

15. Birthplace Paducah Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gordon B. Nause

(b) Address Harrods Cpts, Columbia, Mo

17. (c) buried (Burial, cremation, or removal) (b) Date thereof 5 26 46
(Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Ky

18. (a) Signature of funeral director F. W. Keelung & Co.

(b) Address Warrenton, Mo.

19. (a) 5-24-46 (Date received local registrar)

(b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 7:20 minute _____ a.m.

21. I hereby certify that I attended the deceased from May 21, 1946 to May 24, 1946
that I last saw her alive on May 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to known

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 E. J. Baskett (M. D. or other) MS.

Address Warrenton, Mo. Date signed 5/24/46

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

14901

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

JUN 9 1947

OCT - 5 1950

JUL 8 1947

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 John E. Herliger
Licensed Embalmer No. 4409

P. O. Address Warrenton, 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.