

S. No. 2  
M-5-43  
v. 5-17-39  
I X38671

**FILED JUL 15 1946**  
199

Registration District No. 1002 Primary Registration District No. 1002

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
St. Joseph Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days  
(Specify whether years, months or days)

In this community 3 Months  
years, months or days

**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. 4201 Bellfontaine  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Jacob Joseph Noll

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Noll

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 29 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>29</u>	hr. _____ min.

9. Birthplace Pottawatomie County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Casper Noll

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Christine King

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Stewart Funeral Home

(b) Address Wamego Kansas

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 1, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Wamego Kansas

18. (a) Signature of funeral director Wm. J. Davis

(b) Address 20 W. Linwood

19. (a) 7-1-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 28 th day June  
year 1946 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from March 1 1946 to June 28 1946  
that I last saw him alive on June 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Colostomy

Due to Recessing for Occurring 2 years

Other conditions (Include pregnancy within 3 months of death) 462

**PHYSICIAN**

Major findings: Of operations Above

Of autopsy Above

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? \_\_\_\_\_

23. Signature Dr. J. H. Hoffman (M. D. or other)

Address St. Joseph Hospital Date signed 21 June 46

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

1950  
AUG 27 10 50

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 Howard W Farmer

Licensed Embalmer No. 4134

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.**