V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

21753

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1946

State File No. 22895

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 243

14
1
2

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5M 17d (Specify whether
In this community 5M 17d
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 14
(c) City or town Washington R#1 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Nolan

3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M 2
5. Color or race N
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DK (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
70 or 75 about hr. min.

9. Birthplace Melborne, Ark. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Sam Nolan 1
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Matt Ferguson
(b) Address Washington, Mo. R#1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington U. St. Louis Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 N. 6th St. Fulton, Mo.
19. (a) 7-12-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 6
year 1946 hour 9 50 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1946, to July 6, 1946;
that I last saw him alive on July 6, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardite	
Due to General arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 9 3d	

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 0

23. Signature Forrest Thomas (M. D. or other)
Address Fulton Mo. Date signed 7 1946

2 D (Licensed Embalmer's Statement on Reverse Side) 40 State Hwy

RECEIVED
District Health Officer No. 8
District File Number 8-46-66
Date Filed 8-7-46

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 Denzil O. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.**