

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

**FILED JAN 23 1947**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **26**

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

**1. PLACE OF DEATH:**  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **6608 Vancill St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Lifetime**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6608 Vancill St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HENRY H. NOLAND**  
 3. (b) If veteran **World War # 1** name war  
 3. (c) Social Security No. **487-09-1912**

4. Sex **Male** 5. Color of race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Clara**  
 6. (c) Age of husband or wife if alive **38** years  
 7. Birth date of deceased **June 24, 1906**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>4</b>	<b>40</b>	<b>6</b>	<b>11</b>	hr. min.

9. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hog Casing Dept. Armour & Co.**

11. Industry or business \_\_\_\_\_  
 12. Name **Robert A. Noland**  
 13. Birthplace **Forrest City, Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Idora Pratt**  
 15. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Clara Noland (wife)**  
 (b) Address **R.F.D. # 6, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **1/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **John C. Jenkins**  
 (b) Address **6054 Pryor Ave. City**

19. (a) **1-9-47** (b) **John C. Jenkins**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **January** day **5**, year **1947** hour **3** minute **00** A. M.  
 21. I hereby certify that I attended the deceased from **23 NOVEMBER**, 1946, to **4 JANUARY**, 1947;  
 that I last saw him alive on **4 JANUARY**, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA**  
 Duration **3 DAYS**  
 Due to **NEPHRITIS, CHRONIC** **6 MOS.**  
 Due to **MULTIPLE SCLEROSIS** **2 YRS**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **NONE**  
 Of operations **NONE**  
 Of autopsy **NONE**  
**131B**  
**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) **No**  
 (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 **D**  
 23. Signature **Allin J. Nussbaum** (M. D. or other) **M.D.**  
 Address **424 FELIX ST.** Date signed **7 JAN 47**

FEB 19 1947

JAN 23 1947

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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.....

.....  
working under my personal supervision.

Signed.....  
Registered Apprentice No.....

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.