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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13604

Primary Registration District No. 1002

Registrar's No. 1904

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: 4926 PARK AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4925 PARK AVENUE 8
(If rural, give location) 0

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

If yes, name country - - - - - - -

3. (a) PRINT FULL NAME MARGARET ADA NOLAN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. HOWARD E NOLAN

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased APRIL 19 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	0	7	hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation - - - - - - -

11. Industry or business HOUSEWIFE

FATHER
12. Name DANIEL P. ADAMS
13. Birthplace AURORA, ILLINOIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FLORENCE V. BABER
15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Howard E Nolan
(b) Address 4925 Park. K.C. Mo

17. (a) BURIAL (b) Date thereof APR 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-28-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26th
year 1947 hour 1:24 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to April 26, 1947
that I last saw her alive on April 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Cervix	Unknown
Due to	
Due to	
Other conditions Pelvic metastases (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations 4 Ga
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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Edward A. Samuelsen (M. D. or other) M.D.
Address 2603 E 31 Date signed April 26-47

(Licensed Embalmer's Statement on Reverse Side)

2603 East 31st Street

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 D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City M

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.