

Registration District No. 280

Primary Registration District No. 6-4-4 5965

Registrar's No. 41

1. PLACE OF DEATH:

(a) County PLATTE

(b) City or town EDGERTON *Edgerton*

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 58 yrs. (Specify whether years, months or days)

In this community 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PLATTE 83

(c) City or town EDGERTON 0

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

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

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

If yes, name country: _____

3. (a) PRINT FULL NAME MARTHA JANE NOLAND

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

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: MARCH 14 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace PLATTE Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

12. Name OBED NOLAND 9

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

14. Maiden name ELIZABETH HIGGINS

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

16. (a) Informant Mrs. Edgar James

(b) Address Edgerton, Mo.

17. (a) burial (b) Date thereof 6-4-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Union Mill Cem.

18. (a) Signature of funeral director Rollins - Nash

(b) Address Edgerton, Mo.

19. (a) July 1 - 47 (Date received local registrar) (b) Mrs. Opbia Rollins (Registrar's signature) 759

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 27th year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan. 9th 1947 to June 2, 1947 that I last saw her alive on May 30th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction of both types Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) fibroid

Major findings: Of operations _____ Of autopsy _____

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED

Physician's certificate: _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 83

(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 [Signature] (M. D. _____)

Address [Address] Date signed 6-27-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

10/11 2446 AM

STRICT

HEALTH

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 *Virian R. Nash*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State File No. July
Registrar's No. 4

Registration District No. 280

Primary Registration District No. 5965

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Martha J. Noland

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 wid

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

7. Birth date of deceased: March 14 (Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 (Month) (Year) (Day) (Year) (Hour) (Minute) _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

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: accident ✓

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan 9th - 469 May 12th 1947

(c) Where did injury occur? Home - Edgerton Platte - 410
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Home. (was found in 1947 - in house in 1947)

While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature J. J. Durham (M. D. or _____)

Address Edgerton Mo Date signed _____

SUPPLEMENTARY

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

S-21890