S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31604

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hours (Specify whether years, months or days)
In this community: 3½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Senece, R#2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GEORGE O. NOLAND
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Glenna
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 13, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 3 If less than one day hr. min.

9. Birthplace: ---------Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Caretaker Boy Scout Camp
11. Industry or business:

FATHER
12. Name: no record
13. Birthplace: " " (City, town, or county) (State or foreign country)

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

16. (a) Informant: Glenna Noland
(b) Address: Seneca, Missouri, R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Saginaw Cemetery
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 8-18-47 (Date received local registrar) Dolores Langkins DR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: SHOCK AND HEMORRHAGE: — Duration
Due to: CRUSHED SKULL. FRONTAL PORTION.
Due to: AUTOMOBILE COLLISION 8-15-47
Other conditions (Include pregnancy within 3 months of death):
Major findings: Did not attend-Coroner investigation
Of operation:
Of autopsy: NO

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): AUTO ACCIDENT
(b) Date of occurrence: 8:30 PM 8-15-47
(c) Where did injury occur? RERINGS MILL BRIDGE (NEWTON), MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC HIGHWAY #43 (Specify type of place)
While at work?
(e) Means of injury: Motor Vehicle

23. Signature: H. B. Kerr, DO (M.D. or Coroner)
Address: 530 ½ Main St. Date signed: 8-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Call. With other Mr. Nolands

47-8-726

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.