B. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41839
Registrar's No. 5428

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 days (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3229 E. 32 St.
(If rural, give location)
(e) Citizen of foreign country?: no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George W. Noland
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lizette Noland
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: Dec. 22, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 0 | Days 2 | If less than one day: hr. min.

9. Birthplace: Unionville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired merchant
11. Industry or business: General Merchantdice
MOTHER FATHER
12. Name: John Noland
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Emily Boyer
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: John Noland
(b) Address: 3229 East 32nd St. K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Centerville, Iowa
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd. K.C. Mo.
19. (a) 12-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Dec. day: 24
year: 1947 hour: 9 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Dec. 2, 1947, to Dec. 24, 1947, that I last saw him alive on Dec. 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious anemia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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):
(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:
23. Signature: [illegible] (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 12-24-47

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

Dr Albery

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J A Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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.